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|                      |                       | Document                | 1 age 1 of 50 |                                      |
|----------------------|-----------------------|-------------------------|---------------|--------------------------------------|
| Fill in this informa | tion to identify your | case:                   |               | A 1990 CO                            |
| Debtor 1             | Abbas Ali Nouri N     | loussavi<br>Middle Name | Last Name     |                                      |
| Debtor 2             | Mehrnoush Shaba       | ani                     |               |                                      |
| (Spouse if, filing)  | First Name            | Middle Name             | Last Name     |                                      |
| United States Bank   | ruptcy Court for the: | DISTRICT OF NEW JERSEY  |               |                                      |
| Case number          | 19-26762-ABA          |                         |               |                                      |
| (if known)           |                       |                         |               | ☐ Check if this is an amended filing |

#### Official Form 106Sum

| _    | mmary of Your Assets and Liabilities and Certain Statistical Information   |             | 12/15                    |
|------|--|-------------|--------------------------|
| Be a | is complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend or original forms, you must fill out a new Summary and check the box at the top of this page. | or supplyii | ng correct               |
| Pai  | t 1: Summarize Your Assets   |             |                          |
|      |  | Your a      | ssets<br>of what you own |
| 1.   | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 234,000.00               |
|      | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 30,796.94                |
|      | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 264,796.94               |
| Par  | t 2: Summarize Your Liabilities  |             |                          |
|      |  |             | abilities<br>it you owe  |
| 2.   | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.  | \$          | 406,137.29               |
| 3.   | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$          | 0.00                     |
|      | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 159,042.74               |
|      | Your total liabilities   | \$          | 565,180.03               |
| Par  | Summarize Your Income and Expenses   |             |                          |
| 4.   | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 4,469.32                 |
| 5.   | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 4,393.03                 |
| Par  | Answer These Questions for Administrative and Statistical Records  |             |                          |
| 6.   | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you   | ur other sc | hedules.                 |
| 7    | Yes What kind of debt do you have?   |             |                          |
|      | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose," 11 U,S,C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U,S,C. § 159.  | a personal  | , family, or             |
|      | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules.  | box and s   | ubmit this form to       |
| Offi | cial Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information  |             | page 1 of 2              |

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Debtor 1 Abbas Ali Nouri Moussavi
Debtor 2 Mehrnoush Shabani

Case number (if known)

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

4,875.71

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total o | laim      |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following:   | 100     |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$      | 41,279.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$      | 41,279.00 |

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| Fili in this intorn | nation to identity your | case and this filing: | 1 - 2, 1 V - 1 V - 1 V - 1 |                       |
|---------------------|-------------------------|-----------------------|----------------------------|-----------------------|
| Debtor 1            | Abbas Ali Nouri         | Moussavi              |                            |                       |
|                     | First Name              | Middle Name           | Last Name                  |                       |
| Debtor 2            | Mehrnoush Shab          | pani                  |                            |                       |
| (Spouse, if filing) | First Name              | Middle Name           | Last Name                  |                       |
| United States Ba    | nkruptcy Court for the: | DISTRICT OF NEW JER   | SEY                        |                       |
| Case number         | 19-26762-ABA            |                       |                            | ☐ Check if this is ar |
|                     |                         |                       |                            | amended filing        |

#### Official Form 106A/B

#### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? ☐ No. Go to Part 2. Yes. Where is the property? 1.1 What is the property? Check all that apply 26 Equestrian Road Single-family home Do not deduct secured claims or exemptions. Put Street address, if available, or other description the amount of any secured claims on Schedule D: Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Condominium or cooperative Manufactured or mobile home **Egg Harbor** Current value of the Current value of the Township NJ 08234-0000 Land entire property? portion you own? \$234,000.00 City State ZIP Code Investment property \$234,000.00  $\Box$ Timeshare Describe the nature of your ownership interest Other (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one Fee simple Debtor 1 only **Atlantic** Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: Value based upon \$260,000 CMA less 10% costs & fees associated with

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$234,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

# Case 19-26762-ABA Doc 14 Filed 09/13/19 Entered 09/13/19 14:57:52 Desc Main Debtor 1 Abbas Ali Nouri Moussavi Debtor 2 Mehrnoush Shabani Case number (if known) 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

| Debtor 2 Mehrnoush Shabani  | C   | Case number (if known)                   |   |
|---|---|--|---|
| 3. Cars, vans, trucks, tractors, sport utility v  | ehicles, motorcycles  |  |   |
| □ No  |   |  |   |
| Yes   |   |  |   |
| <b>—</b> 165  |   |  |   |
| 3.1 Make: <b>BMW</b>  | Who has an interest in the property? Check one                          | Do not deduct secured of                 | claims or exemptions. Put   |
| Model: X3   | Debtor 1 only   |  | red claims on Schedule D:<br>nims Secured by Property.                            |
| Year: 2007  | ☐ Debtor 2 only   |  |   |
| Approximate mileage: 110,000  | Debtor 1 and Debtor 2 only  | Current value of the<br>entire property? | Current value of the<br>portion you own?  |
| Other information:  | ☐ At least one of the debtors and another                               |  |   |
|   | ☐ Check if this is community property (see instructions)                | \$3,241.00                               | \$3,241.00  |
|   | າ<br>wn for all of your entries from Part 2, including a                | any entries for                          |   |
|   | that number here  |  | \$3,241.00  |
| Part 3: Describe Your Personal and Household I  | tems  |  |   |
| Do you own or have any legal or equitable ir  | nterest in any of the following items?                                  |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| <ul> <li>Household goods and furnishings         Examples: Major appliances, furniture, linens         No     </li> <li>Yes. Describe</li> </ul>  | s, china, kitchenware   |  |   |
| Misc. Furniture   |   |  | \$4,000.00  |
| <ul> <li>Z. Electronics         Examples: Televisions and radios; audio, vio including cell phones, cameras, r         □ No         ■ Yes. Describe</li> <li>Misc electronic</li> </ul> |   | ers, scanners; music collecti            | ions; electronic devices  |
| Wilse electronic  | ·3  |  | φ1,000.00   |
| B. Collectibles of value  Examples: Antiques and figurines; paintings, other collections, memorabilia, co  □ No ■ Yes. Describe   | , prints, or other artwork; books, pictures, or other an<br>ollectibles | ત્ત objects; stamp, coin, or ba          | aseball card collections;   |
| Persian rugs  |   |  | \$3,000.00  |
| Equipment for sports and hobbies     Examples: Sports, photographic, exercise, and musical instruments     No     □ Yes. Describe   | nd other hobby equipment; bicycles, pool tables, go                     | ilf clubs, skis; canoes and ka           | ayaks; carpentry tools;   |

Official Form 106A/B

### Case 19-26762-ABA Doc 14 Filed 09/13/19 Entered 09/13/19 14:57:52 Desc Main Document Page 5 of 58

|     | ebtor 1<br>ebtor 2       | Abbas Ali Ne<br>Mehrnoush       |            |                       |  | Case number (if known)           |   |
|-----|--------------------------|---------------------------------|------------|-----------------------|--|----------------------------------|---|
|     | ■ No                     |                                 | s, shotgui | ns, ammunition, and   | related equipment  |                                  |   |
| 11. | Clothes<br>Examp<br>□ No | 5                               | othes, fur | s, leather coats, des | igner wear, shoes, accessories   |                                  |   |
|     |                          |                                 | Misc       | olothes               |  |                                  | \$1,000.00  |
|     | □ No                     |                                 | welry, cos | stume jewelry, enga   | gement rings, wedding rings, heirloc   | om jewelry, watches, gems, gol   | d, silver   |
|     |                          |                                 | Wedd       | ing ring, gold ne     | cklace, bangle & ring  |                                  | \$4,500.00  |
|     | Examp<br>□ No            | rm animals<br>oles: Dogs, cats, | birds, hoi | rses                  |  |                                  |   |
|     |                          |                                 | Lhasa      | Apso Dog              |  |                                  | Unknown   |
|     | No □ Yes.                | Give specific inf               | ormation   | your entries from P   | not already list, including any hea  |                                  | \$13,500.00   |
| Pa  | irt 4: Der               | scribe Your Finan               | cial Asset | ts                    |  | *=                               |   |
| Do  | you ow                   | vn or have any l                | egal or e  | quitable interest in  | any of the following?  |                                  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|     | ■ No                     |                                 |            | . ,                   | ome, in a safe deposit box, and on h   | nand when you file your petitior |   |
| 17. | Examp  No                |                                 |            |                       | ounts; certificates of deposit; shares<br>with the same institution, list each.<br>Institution name: |                                  | uses, and other similar   |
|     |                          |                                 | 17.1.      | Checking              | Capital One  |                                  | \$6.89  |
|     |                          |                                 | 17.0       | Sovings               | Capital One  |                                  | \$3.92  |
|     |                          |                                 | 17.2.      | Savings               | Capital Offe   |                                  | φ3.52   |

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|                            | Abbas Ali Nouri Mo<br>Mehrnoush Shaban   |   | Case number (if known)   |               |
|----------------------------|--|---|--|---------------|
|                            | 17.3.  | Checking  | Wells Fargo  | \$2,989.56    |
|                            | 17.4.  | Checking  | Bank of America  | \$16.33       |
|                            | 17.5.  | Checking  | OceanFirst   | \$2,205.29    |
|                            | 17.6.  | Checking  | Bank of America  | \$1,593.55    |
|                            | 17.7.  | Checking  | Univest  | \$444.53      |
|                            | nutual funds, or publics: Bond funds, investm  |   | okerage firms, money market accounts   |               |
| ■ No<br>□ Yes              |  | Institution or issuer   | name:  |               |
| joint ver No Yes. C        | nture  Sive specific information  Na  nent and corporate bo  ble instruments include | about themme of entity:  nds and other negous personal checks, ca | orated and unincorporated businesses, including an interest in an LLC, par<br>% of ownership:  otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them. | tnership, and |
| _ ```                      | ive specific information   | about them<br>suer name:  |  |               |
|                            | ent or pension accour<br>es: Interests in IRA, ERI                                   |   | 403(b), thrift savings accounts, or other pension or profit-sharing plans  |               |
| Yes. L                     | st each account separa<br>Type   | tely.<br>of account:  | Institution name:  |               |
|                            | IRA  |   | Prudential Annuities Services  | \$6,795.87    |
|                            | Pen  | sion  | NJ Defined Contribution Retirement Program (DCRP)  | Unknown       |
| Your sh<br>Example<br>■ No | deposits and prepayr<br>are of all unused depos<br>es: Agreements with lan           | its you have made s   | o that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies, or others   |               |
|                            |  | odic payment of mon   | ey to you, either for life or for a number of years)   |               |
| ■ No<br>□ Yes              | lssuer nar   | ne and description.   |  |               |
| 26 U.S.C                   | in an education IRA,<br>. §§ 530(b)(1), 529A(b)                                      | in an account in a cand 529(b)(1).                                | qualified ABLE program, or under a qualified state tuition program.  |               |
| No Yes Official Form       | Medialist.   | name and description  | on. Separately file the records of any interests 11 U <sub>c</sub> S.C. § 521(c):<br>Schedule A/B: Property  | page 4        |

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| Debtor :         |   | avi  | Case number (if known)                       |   |
|------------------|---|--|--|---|
| ■ Ne             |   |  | ted in line 1), and rights or powers exe     | ercisable for your benefit  |
| 26. <b>Pat</b> e | ents, copyrights, trademarks, t                           | rade secrets, and other intellectual p   |  |   |
| ■ No             | •   | vebsites, proceeds from royalties and li   | censing agreements                           |   |
| 27. <b>Lic</b> e | nses, franchises, and other ge                            | neral intangibles  |  |   |
| Exa<br>■ No      | - ·   | e licenses, cooperative association noi  | dings, liquor licenses, professional licens  | ses   |
| □ Ye             | es. Give specific information abo                         | ut them  |  |   |
| Money            | or property owed to you?                                  |  |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 10000            | refunds owed to you                                       |  |  |   |
| ■ No             |   | ut them, including whether you already t   | iled the returns and the tax years           |   |
| Exe<br>■ No      |   | mony, spousał support, child support, n  | naintenance, divorce settlement, property    | settlement  |
| Exa              | benefits; unpaid loans yo<br>o                            |  | sick pay, vacation pay, workers' compe       | nsation, Social Security  |
|                  | es. Give specific information rests in insurance policies |  |  |   |
|                  | imples: Health, disability, or life in                    | nsurance; health savings account (HSA  | ); credit, homeowner's, or renter's insura   | nce   |
| □Y€              | es. Name the insurance company<br>Compa                   | of each policy and list its value.<br>ny name:                                   | Beneficiary:                                 | Surrender or refund value:  |
| lf yo            | ou are the beneficiary of a living t<br>neone has died    | e you from someone who has died<br>rust, expect proceeds from a life insura      | nce policy, or are currently entitled to rec | eive property because   |
|                  | es. Give specific information                             |  |  |   |
|                  | mples: Accidents, employment d                            | ner or not you have filed a lawsuit or isputes, insurance claims, or rights to s |  |   |
| <b>∭</b> Y∈      | es. Describe each claim                                   |  |  |   |
|                  |   | Potential personal injury claim vehicle accident.                                | arising from 5/19 motor                      | Unknown   |

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

■ No ☐ Yes. Describe each claim.......

Case 19-26762-ABA Doc 14 Filed 09/13/19 Entered 09/13/19 14:57:52 Desc Main Page 8 of 58 Document Abbas Ali Nouri Moussavi Debtor 1 Debtor 2 Mehrnoush Shabani Case number (if known) 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$14,055.94 for Part 4. Write that number here...... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$234,000.00 56. Part 2: Total vehicles, line 5 \$3,241.00 57: Part 3: Total personal and household items, line 15 \$13,500.00 58. Part 4: Total financial assets, line 36 \$14,055.94 59. Part 5: Total business-related property, line 45 \$0.00 60 Part 6: Total farm- and fishing-related property, line 52 \$0.00

\$0.00

Copy personal property total

\$30,796.94

Official Form 106A/B

61. Part 7: Total other property not listed, line 54

62. Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$30,796.94

\$264,796,94

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| Fill in this infor        | mation to identify your  | case:                  |           |                                      |
|---------------------------|--------------------------|------------------------|-----------|--------------------------------------|
| Debtor 1                  | Abbas Ali Nouri          | Moussavi               |           |                                      |
|                           | First Name               | Middle Name            | Last Name |                                      |
| Debtor 2                  | Mehrnoush Shab           | ani                    |           |                                      |
| (Spouse if, filing)       | First Name               | Middle Name            | Last Name |                                      |
| United States Ba          | ankruptcy Court for the: | DISTRICT OF NEW JERSEY |           |                                      |
| Case number<br>(if known) |                          |                        |           | ☐ Check if this is an amended filing |

#### Official Form 106C

#### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the | Property | You | Claim | as | Exempt |  |
|---------|----------|-----|----------|-----|-------|----|--------|--|
|         |          |     |          |     |       |    |        |  |

| 1. | Which set of exemptions | s are vou claimi | na? | Check one of | nlv. even if | vour spous | e is t | filina with | vou. |
|----|-------------------------|------------------|-----|--------------|--------------|------------|--------|-------------|------|
|    |                         |                  |     |              |              |            |        |             |      |

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| * 1  | •                                    | . ,                               |   |                                    |  |  |
|--|--------------------------------------|-----------------------------------|---|------------------------------------|--|--|
| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption |  |  |
|  | Copy the value from<br>Schedule A/B  | Che                               | eck only one box for each exemption.                            |                                    |  |  |
| 2007 BMW X3 110,000 miles Line from Schedule A/B: 3.1                                  | \$3,241.00                           |                                   | \$3,241.00  | 11 U.S.C. § 522(d)(2)              |  |  |
|  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
| Misc. Furniture<br>Line from Schedule A/B: <b>6.1</b>                                  | \$4,000.00                           |                                   | \$4,000.00  | 11 U.S.C. § 522(d)(3)              |  |  |
| Elle Holli Golfedale 77B. G.1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
| Misc electronics Line from Schedule A/B: 7.1   | \$1,000.00                           |                                   | \$1,000.00  | 11 U.S.C. § 522(d)(3)              |  |  |
| Ellie Irom Senedale AVB. 1.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
| Persian rugs<br>Line from Schedule A/B: 8.1  | \$3,000.00                           |                                   | \$3,000.00  | 11 U.S.C. § 522(d)(3)              |  |  |
| Ellie II olii ochodule AVB. 0.1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
| Misc clothes<br>Line from Schedule A/B: 11.1   | \$1,000.00                           |                                   | \$1,000.00  | 11 U.S.C. § 522(d)(3)              |  |  |
| Ellio II oni Goricourie AVD. 111.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |

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| otor 1 Abbas Ali Nouri Moussavi otor 2 Mehrnoush Shabani                               |                                      |      | Case number (if known)  |                                    |
|--|--------------------------------------|------|---|------------------------------------|
| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amo  | unt of the exemption you claim                                  | Specific laws that allow exemption |
|  | Copy the value from<br>Schedule A/B  | Chec | ck only one box for each exemption                              |                                    |
| Wedding ring, gold necklace, bangle & ring   | \$4,500.00                           |      | \$3,200.00  | 11 U.S.C. § 522(d)(4)              |
| Line from Schedule A/B: 12.1   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Wedding ring, gold necklace, bangle & ring   | \$4,500.00                           |      | \$1,300.00  | 11 U.S.C. § 522(d)(5)              |
| Line from Schedule A/B: 12.1   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Lhasa Apso Dog Line from Schedule A/B: 13.1  | Unknown                              |      | \$0.00  | 11 U.S.C. § 522(d)(5)              |
|  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Checking: Capital One Line from Schedule A/B: 17.1                                     | \$6.89                               |      | \$6.89  | 11 U.S.C. § 522(d)(5)              |
|  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Savings: Capital One Line from Schedule A/B: 17.2                                      | \$3.92                               |      | \$3.92  | 11 U.S.C. § 522(d)(5)              |
|  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Checking: Wells Fargo Line from Schedule A/B: 17.3                                     | \$2,989.56                           |      | \$2,989.56  | 11 U.S.C. § 522(d)(5)              |
|  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Checking: Bank of America Line from Schedule A/B: 17.4                                 | \$16.33                              | •    | \$16.33   | 11 U.S.C. § 522(d)(5)              |
|  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Checking: OceanFirst Line from Schedule A/B: 17.5                                      | \$2,205.29                           |      | \$2,205.29  | 11 U.S.C. § 522(d)(5)              |
|  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Checking: Bank of America Line from Schedule A/B: 17.6                                 | \$1,593.55                           |      | \$1,593.55  | 11 U.S.C. § 522(d)(5)              |
|  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Checking: Univest Line from Schedule A/B: 17.7   | \$444.53                             |      | \$444.53  | 11 U.S.C. § 522(d)(5)              |
|  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| IRA: Prudential Annuities Services Line from Schedule A/B: 21.1                        | \$6,795.87                           |      | \$6,795.87  | 11 U.S.C. § 522(d)(12)             |
|  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |

Document Page 11 of 58 Abbas Ali Nouri Moussavi Debtor 1 Mehrnoush Shabani Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Pension: NJ Defined Contribution** 11 U.S.C. § 522(d)(10)(E) Unknown \$0.00 Retirement Program (DCRP) Line from Schedule A/B: 21.2 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

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Desc Main

Doc 14

Case 19-26762-ABA

No

Yes

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| Fill in this informati  | ion to identify your            | case:  | MELL                                 | telliner 💆   |  |                                   |
|---|---------------------------------|--|--------------------------------------|--|--|-----------------------------------|
|   | Abbas Ali Nouri I<br>First Name | Moussavi<br>Middle Name  | Last Name                            |  |  |                                   |
|   | Mehrnoush Shab                  | Dani<br>Middle Name  | Last Name                            |  |  |                                   |
| United States Bankri  |                                 | DISTRICT OF NEW JERSEY   | Last Hallis                          |  |  |                                   |
|   |                                 |  |                                      |  |  |                                   |
| Case number<br>(if known)   | 19-26762-ABA                    |  |                                      |  | _  | if this is an<br>ed filing        |
| Official Form 1   | 106D                            |  |                                      |  |  |                                   |
|   |                                 | Who Have Claims  | Secured                              | by Property  | /  | 12/15                             |
| Be as complete and ac<br>is needed, copy the Ac<br>number (if known). | curate as possible. If          | two married people are filing togeth<br>ut, number the entries, and attach it  | er, both are equate to this form. On | ally responsible for sup<br>the top of any addition    | oplying correct informat<br>al pages, write your nar | ion. If more space<br>ne and case |
| 1. Do any creditors have  | -                               |  |                                      |  |  |                                   |
|   |                                 | is form to the court with your other   | schedules. You                       | u have nothing else to                                 | report on this form.                                 |                                   |
| Yes. Fill in all  | of the information b            | elow.  |                                      |  |  |                                   |
|   | ecured Claims                   | THE RESERVE OF THE PERSON OF T | WI                                   | Column A   | Column B   | Column C                          |
| for each claim. If more   | than one creditor has           | ore than one secured claim, list the cre<br>a particular claim, list the other creditor<br>al order according to the creditor's nam  | s in Part 2. As                      | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim         | Unsecured portion If any          |
| 2.1 Bank of Ame   | erica                           | Describe the property that secures   | the claim:                           | \$79,761.69  | \$234,000.00   | \$79,761.69                       |
| PO Box 2624<br>Tampa, FL 3  |                                 | Township, NJ 08234 Atlanti County-2nd Mortgage Value based upon \$260,000 less 10% costs & fees assoc with sale As of the date you file, the claim is: apply.  □ Contingent □ Unliquidated   | CMA<br>ciated                        |  |  |                                   |
|   |                                 | ☐ Disputed   |                                      |  |  |                                   |
| Who owes the debt?  | ? Check one.                    | Nature of lien. Check all that apply.  |                                      |  |  |                                   |
| ☐ Debtor 1 only ☐ Debtor 2 only                                       |                                 | An agreement you made (such as car loan)   | mortgage or secu                     | ired   |  |                                   |
| Debtor 1 and Debto  | or 2 only                       | ☐ Statutory lien (such as tax lien, me   | echanic's lien)                      |  |  |                                   |
| At least one of the o   |                                 | ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)   |                                      |  |  |                                   |
| Date debt was incurre   | ed 5/24/07                      | Last 4 digits of account num   | ber 5507                             |  |  |                                   |
| 2.2 Discover  |                                 | Describe the property that secures   | the claim:                           | \$14,465.92  | <b>\$23</b> 4,000.00                                 | \$14,465.92                       |
| PO Box 300 New Albany Number, Street, Ci                              |                                 | 26 Equestrian Road Egg Ha Township, NJ 08234 Atlant County Value based upon \$260,000 less 10% costs & fees asso with sale As of the date you file, the claim is: apply.  Contingent Unliquidated  | cic<br>CMA<br>ciated                 |  |  |                                   |
|   |                                 | ☐ Disputed   |                                      |  |  |                                   |
| Who owes the debt   | ? Check one                     | Nature of lien. Check all that apply.  An agreement you made (such as  | mortgage or secu                     | ıred   |  |                                   |
| ■ Debtor 1 only □ Debtor 2 only                                       |                                 | car loan)  | morigage or scot                     | .,   |  |                                   |

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| Debtor 1        | Abbas Ali Nouri Mouss                     | avi  | Case number (if know) |                     |             |
|-----------------|---|--|-----------------------|---------------------|-------------|
|                 | First Name Middle N                       | lame Last Name   |                       |                     |             |
| Debtor 2        | monitorion of the second                  |  |                       |                     |             |
|                 | First Name Middle N                       | Iame Last Name   |                       |                     |             |
| ☐ Debtor        | 1 and Debtor 2 only                       | ☐ Statutory lien (such as tax lien, mechanic's lien)         |                       |                     |             |
| ☐ At least      | t one of the debtors and another          | Judgment lien from a lawsuit                                 |                       |                     |             |
|                 | if this claim relates to a<br>nunity debt | Other (including a right to offset)                          |                       |                     |             |
| Date debt       | was incurred 1/87                         | Last 4 digits of account number 807                          | 8                     |                     |             |
| 2.3 <b>NJ</b> I | HMFA                                      | Describe the property that secures the claim:                | \$46,659.00           | \$234,000.00        | \$46,659.00 |
| Cred            | ilor's Name                               | 26 Equestrian Road Egg Harbor                                | li senti              |                     |             |
|                 |   | Township, NJ 08234 Atlantic                                  |                       |                     |             |
|                 |   | County-3rd Mortgage  |                       |                     |             |
|                 |   | Value based upon \$260,000 CMA                               |                       |                     |             |
|                 |   | less 10% costs & fees associated                             |                       |                     |             |
| 637             | 7 S. Clinton Ave.                         | with sale  | ],                    |                     |             |
|                 | Box 18550                                 | As of the date you file, the claim is: Check all that apply. |                       |                     |             |
| Tre             | enton, NJ 08650-2085                      | ☐ Contingent   |                       |                     |             |
| Num             | ber, Street, City, State & Zip Code       | ☐ Unliquidated   |                       |                     |             |
|                 |   | Disputed   |                       |                     |             |
| Who owe         | s the debt? Check one                     | Nature of lien. Check all that apply.                        |                       |                     |             |
| ☐ Debtor        | 1 only                                    | An agreement you made (such as mortgage or                   | secured               |                     |             |
| ☐ Debtor        | 2 only                                    | car loan)  | ****                  |                     |             |
|                 | 1 and Debtor 2 only                       | ☐ Statutory lien (such as tax lien, mechanic's lien)         | )                     |                     |             |
|                 | t one of the debtors and another          | ☐ Judgment lien from a lawsuit                               |                       |                     |             |
| _               | if this claim relates to a                | Other (including a right to offset)                          |                       |                     |             |
| comm            | nunity debt                               |  |                       |                     |             |
| Date debt       | was incurred 6/13                         | Last 4 digits of account number 788                          | 7                     |                     |             |
| 2.4 <b>Su</b> i | nrun, Inc.                                | Describe the property that secures the claim:                | Unknown               | \$234,000.00        | Unknown     |
|                 | litor's Name                              | Solar Panels   |                       | <b>420</b> 1,000100 |             |
|                 |   | Goldi i difeis   |                       |                     |             |
|                 |   |  |                       |                     |             |
| PO              | Box 4387                                  | As of the date you file, the claim is: Check all that apply. |                       |                     |             |
| Pol             | rtland, OR 97208                          | Contingent   |                       |                     |             |
| Num             | ber, Street, City, State & Zip Code       | ☐ Unliquidated   |                       |                     |             |
|                 |   | ☐ Disputed   |                       |                     |             |
| Who owe         | es the debt? Check one                    | Nature of lien. Check all that apply                         |                       |                     |             |
| ☐ Debtor        | 1 only                                    | An agreement you made (such as mortgage or                   | secured               |                     |             |
| ☐ Debtor        | 2 only                                    | car loan)  |                       |                     |             |
| Debtor          | 1 and Debtor 2 only                       | ☐ Statutory lien (such as tax lien, mechanic's lien          | )                     |                     |             |
| ☐ At leas       | t one of the debtors and another          | ☐ Judgment lien from a lawsuit                               |                       |                     |             |
|                 | if this claim relates to a<br>nunity debt | ☐ Other (including a right to offset)                        |                       |                     |             |
| Date debt       | was incurred 7/15                         | Last 4 digits of account number 503                          | Α                     |                     |             |
| \A/61           | Imington Savings                          |  |                       |                     |             |
|                 | nd Society                                | Describe the property that secures the claim:                | \$265,250.68          | \$234,000.00        | \$31,250.68 |

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| Debtor 1 Abbas Ali Nouri Moussavi First Name Middle Name Last Name |   |  | Case number (if know)   |  |
|--|---|--|---|--|
| First Name Middle Name Last Name  Debtor 2 Mehrnoush Shabani       |   | ame Last Name  |   |  |
| First Name Middle Name Last Name                                   |   | ame Last Name  |   |  |
| Tow Cou Valu 1600 South Douglass Road Suite 200-A As of apply.     |   |  | hat   |  |
|  | umber, Street, City, State & Zip Code   | ☐ Contingent ☐ Unliquidated  |   |  |
| Who ov   | wes the debt? Check one.  | ☐ Disputed  Nature of lien. Check all that apply.  |   |  |
| _  | tor 1 only<br>tor 2 only  | An agreement you made (such as mortgage car loan)  | or secured  |  |
| ■ Debt   | tor 1 and Debtor 2 only   | ☐ Statutory lien (such as tax lien, mechanic's li  | en)   |  |
| _  | ast one of the debtors and another  | ☐ Judgment lien from a lawsuit   |   |  |
|  | ck if this claim relates to a<br>nmunity debt   | Other (including a right to offset)  |   |  |
| Date de  | bt was incurred 3/8/12  | Last 4 digits of account number 5  | 706   |  |
|  |   |  |   |  |
|  |   | olumn A on this page. Write that number here the dollar value totals from all pages.               | ,   |  |
|  | that number here:   |  | \$406,137.29  |  |
| Part 2:  | List Others to Be Notified fo   | r a Debt That You Already Listed   |   |  |
| trying to  | o collect from you for a debt you o   | we to someone else, list the creditor in Part 1, you listed in Part 1, list the additional credito | at you already listed in Part 1. For example, if a collection agency is<br>and then list the collection agency here. Similarly, if you have more<br>rs here. If you do not have additional persons to be notified for any |  |
| (<br>F   | Name, Number, Street, City, State & 2<br>Carrington Mortgage Servic<br>P.O. Box 54285<br>rvine, CA 92619-4285               | es   | on which line in Part 1 did you enter the creditor?ast 4 digits of account number   |  |
|  | Name, Number, Street, City, State & 2<br>Erin A. Novak, Esq.  | Zip Code (   | on which line in Part 1 did you enter the creditor? 2.4   |  |
| r<br>L<br>4  | Montgomery, McCracken, V<br>Libert View, Suite 600<br>457 Haddonfield Rd.<br>Cherry Hill, NJ                                | Valker & Rhoads  | ast 4 digits of account number <u>8002</u>  |  |
| F<br>77<br>8   | Name, Number, Street, City, State & 2<br>Fein, Such, Kahn & Shepard<br>7 Century Drive<br>Suite 201<br>Parsippany, NJ 07054 | d, LLC   | on which line in Part 1 did you enter the creditor? 2.5 ast 4 digits of account number 4EGU   |  |
| F  | Name, Number, Street, City, State & 2<br>JP Morgan Chase Bank<br>PO Box 469030<br>Denver, CO 80246                          |  | on which line in Part 1 did you enter the creditor?ast 4 digits of account number   |  |

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| Debto | r 1               | TODGO TILL TOGETT  |                  |           | Case number (if know)   |
|-------|-------------------|--|------------------|-----------|---|
| Debto | r 2               | First Name  Mehrnoush Shab   | Middle Name      | Last Name |   |
| DCDIO | -                 | First Name   | Middle Name      | Last Name |   |
|       | Ma<br>Pre<br>7 E  | ne, Number, Street, City,<br>riam X. Fatima, Es<br>essler, Felt & Wars<br>intin Rd.<br>rsippany, NJ 0705 | sq<br>shaw       |           | On which line in Part 1 did you enter the creditor? 2.2  Last 4 digits of account number 2154 |
|       | Su<br>55<br>Flo   | ne, Number, Street, City,<br>ngevity, Inc.<br>Harrison St.<br>or 3<br>kland, CA 94607                    | State & Zip Code |           | On which line in Part 1 did you enter the creditor? 2.4  Last 4 digits of account number      |
|       | Su<br>PO          | ne, Number, Street, City,<br>nrise Credit Servio<br>Box 9100<br>rmingdale, NY 117                        | ces, Inc         | 2         | On which line in Part 1 did you enter the creditor? 2.1  Last 4 digits of account number 2501 |
|       | Sui<br>595<br>29t | ne, Number, Street, City,<br>nrun, Inc.<br>5 Market St.<br>h Floor<br>n Francisco, CA 9                  |                  |           | On which line in Part 1 did you enter the creditor?  Last 4 digits of account number          |

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|  |  | Document Page 16   | 01 58  |   |
|--|--|--|--|---|
| Fill in t                                    | this information to identify your case:  | - A significant days   |  |   |
| Debtor                                       | 1 Abbas Ali Nouri Moussav  | i  |  |   |
|  |  | dle Name Last Name   |  |   |
| Debtor<br>(Spouse i                          |  | dle Name Last Name   |  |   |
| United                                       | States Bankruptcy Court for the: DISTRI  | CT OF NEW JERSEY   |  |   |
| Case n<br>(if known)                         |  |  |  | ☐ Check if this is an amended filing  |
|  | al Form 106E/F<br>edule E/F: Creditors Who Ha  | ve Unsecured Claims  |  | 12/15   |
| any exec<br>Schedul<br>Schedul<br>Ieft. Atta | omplete and accurate as possible. Use Part 1 focutory contracts or unexpired leases that could be G: Executory Contracts and Unexpired Lease b: Creditors Who Have Claims Secured by Proch the Continuation Page to this page. If you had case number (if known).  | result in a claim. Also list executory of the control of the contr | ontracts on Schedule A/B: P<br>any creditors with partially s<br>he Part you need, fill it out, r  | roperty (Official Form 106A/B) and on ecured claims that are listed in tumber the entries in the boxes on the |
| Part 1:                                      |  |  |  |   |
| 1. Do  | any creditors have priority unsecured claims a   | gainst you?  |  |   |
|  | No. Go to Part 2.  |  |  |   |
|  | Yes  |  |  |   |
| Part 2:                                      | List All of Your NONPRIORITY Unsec   | ured Claims  |  |   |
| 3. Do  | any creditors have nonpriority unsecured clair   | ns against you?  |  |   |
|  | No. You have nothing to report in this part, Submit  | this form to the court with your other scho  | edules.  |   |
|  |  |  |  |   |
|  | Yes.   |  |  |   |
| 4. List uns                                  | t all of your nonpriority unsecured claims in the<br>secured claim, list the creditor separately for each on<br>none creditor holds a particular claim, list the other   | claim. For each claim listed, identify what  | vpe of claim it is. Do not list cla  | ims already included in Part 1, If more   |
| 4. List                                      | t all of your nonpriority unsecured claims in the<br>secured claim, list the creditor separately for each on<br>none creditor holds a particular claim, list the other   | claim. For each claim listed, identify what  | vpe of claim it is. Do not list cla  | ims already included in Part 1, If more   |
| 4. Lisi<br>uns<br>thai<br>Par                | t all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each on one creditor holds a particular claim, list the other t 2.   | claim. For each claim listed, identify what<br>ir creditors in Part 3.If you have more than  | ype of claim it is. Do not list cla<br>three nonpriority unsecured cl  | ims already included in Part 1, If more aims fill out the Continuation Page of                                |
| 4. List uns                                  | t all of your nonpriority unsecured claims in the<br>secured claim, list the creditor separately for each on<br>none creditor holds a particular claim, list the other   | claim. For each claim listed, identify what  | vpe of claim it is. Do not list cla  | ims already included in Part 1. If more aims fill out the Continuation Page of                                |
| 4. List<br>uns<br>that<br>Par                | t all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each on one creditor holds a particular claim, list the other t 2.  American Express Nonpriority Creditor's Name PO Box 297858   | claim. For each claim listed, identify what<br>ir creditors in Part 3.If you have more than  | ype of claim it is. Do not list cla<br>three nonpriority unsecured cl  | ims already included in Part 1. If more aims fill out the Continuation Page of                                |
| 4. List<br>uns<br>that<br>Par                | t all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each on one creditor holds a particular claim, list the other t 2.  American Express Nonpriority Creditor's Name PO Box 297858 Fort Lauderdale, FL 33329   | claim. For each claim listed, identify what in creditors in Part 3.If you have more than<br>Last 4 digits of account number  When was the debt incurred?   | ype of claim it is. Do not list clathree nonpriority unsecured cl  3497  1/02  | ims already included in Part 1. If more aims fill out the Continuation Page of                                |
| 4. List<br>uns<br>that<br>Par                | t all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each on one creditor holds a particular claim, list the other t 2.  American Express Nonpriority Creditor's Name PO Box 297858 Fort Lauderdale, FL 33329 Number Street City State Zlp Code   | claim. For each claim listed, identify what<br>r creditors in Part 3.If you have more than<br>Last 4 digits of account number  | ype of claim it is. Do not list clathree nonpriority unsecured cl  3497  1/02  | ims already included in Part 1. If more aims fill out the Continuation Page of                                |
| 4. List<br>uns<br>that<br>Par                | t all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each on one creditor holds a particular claim, list the other t.2.  American Express Nonpriority Creditor's Name PO Box 297858 Fort Lauderdale, FL 33329 Number Street City State Zlp Code Who incurred the debt? Check one  | Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim  | ype of claim it is. Do not list clathree nonpriority unsecured cl  3497  1/02  | ims already included in Part 1. If more aims fill out the Continuation Page of                                |
| 4. List<br>uns<br>that<br>Par                | t all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each on one creditor holds a particular claim, list the other t.2.  American Express Nonpriority Creditor's Name PO Box 297858 Fort Lauderdale, FL 33329 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only  | Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim  | ype of claim it is. Do not list clathree nonpriority unsecured cl  3497  1/02  | ims already included in Part 1. If more aims fill out the Continuation Page of                                |
| 4. List<br>uns<br>that<br>Par                | t all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each on one creditor holds a particular claim, list the other t 2.  American Express Nonpriority Creditor's Name PO Box 297858 Fort Lauderdale, FL 33329 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only   | Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim  Contingent Unliquidated   | ype of claim it is. Do not list clathree nonpriority unsecured cl  3497  1/02  | ims already included in Part 1. If more aims fill out the Continuation Page of                                |
| 4. List<br>uns<br>that<br>Par                | tall of your nonpriority unsecured claims in the secured claim, list the creditor separately for each on one creditor holds a particular claim, list the other tale.  American Express Nonpriority Creditor's Name PO Box 297858 Fort Lauderdale, FL 33329 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only   | Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim  Contingent Unliquidated Disputed   | ype of claim it is. Do not list clathree nonpriority unsecured class and a second class a | ims already included in Part 1. If more aims fill out the Continuation Page of                                |
| 4. Lisi<br>uns<br>thai<br>Par                | tall of your nonpriority unsecured claims in the secured claim, list the creditor separately for each on one creditor holds a particular claim, list the other tale.  American Express  Nonpriority Creditor's Name  PO Box 297858  Fort Lauderdale, FL 33329  Number Street City State Zlp Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another   | Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim  Contingent Unliquidated Disputed Type of NONPRIORITY unsecure  | ype of claim it is. Do not list clathree nonpriority unsecured class and a second class a | ims already included in Part 1. If more aims fill out the Continuation Page of                                |
| 4. Lisi<br>uns<br>thai<br>Par                | tall of your nonpriority unsecured claims in the secured claim, list the creditor separately for each on one creditor holds a particular claim, list the other tale.  American Express Nonpriority Creditor's Name PO Box 297858 Fort Lauderdale, FL 33329 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt     | Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim  Contingent Unliquidated Disputed Type of NONPRIORITY unsecure Student loans Obligations arising out of a separate receditors in Part 3.If you have more than a credit of the claim in Part 4.If you have more than a credit of the claim in Part 4.If you have more than a credit of the claim in Part 4.If you have more than a credit of the claim in Part 4.If you have more than a credit of the credi | ype of claim it is. Do not list clathree nonpriority unsecured claim:  | ims already included in Part 1. If more aims fill out the Continuation Page of  Total claim  \$6,036.00       |
| 4. Lisi<br>uns<br>thai<br>Par                | tall of your nonpriority unsecured claims in the secured claim, list the creditor separately for each on one creditor holds a particular claim, list the other tale.  American Express  Nonpriority Creditor's Name  PO Box 297858  Fort Lauderdale, FL 33329  Number Street City State Zlp Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community | Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim  Contingent Unliquidated Type of NONPRIORITY unsecure  Student loans  | ype of claim it is. Do not list clathree nonpriority unsecured claim:  | ims already included in Part 1. If more aims fill out the Continuation Page of  Total claim  \$6,036.00       |

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| Debtor<br>Debtor | 1 Abbas Ali Nouri Moussavi<br>2 Mehrnoush Shabani                    |  | Case number (if know)                         |             |
|------------------|--|--|---|-------------|
| 4.2              | American Express Nonpriority Creditor's Name                         | Last 4 digits of account number                            | 5938  | \$13,356.00 |
|                  | PO Box 981537<br>El Paso, TX 79998                                   | When was the debt incurred?                                | 1/19  |             |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                         | s: Check all that apply                       |             |
|                  | Debtor 1 only  | ☐ Contingent   |   |             |
|                  | ■ Debtor 2 only  | ☐ Unliquidated   |   |             |
|                  | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |             |
|                  | At least one of the debtors and another                              | Type of NONPRIORITY unsecure                               | d claim:                                      |             |
|                  | ☐ Check if this claim is for a community                             | ☐ Student loans  |   |             |
|                  | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not  |             |
|                  | ■ No   | Debts to pension or profit-sharing                         | g plans, and other similar debts              |             |
|                  | ☐ Yes  | Other, Specify Credit card                                 | purchases                                     |             |
| 4.3              | Amex Department Stores Nonpriority Creditor's Name                   | Last 4 digits of account number                            | 7372  | \$1,471.00  |
|                  | PO Box 8218  | When was the debt incurred?                                | 1/10  |             |
|                  | Mason, OH 45040  | A 5 Ab dot Silo - Abo - oloino                             | in Charle II that and he                      |             |
|                  | Number Street City State ZIp Code Who incurred the debt? Check one.  | As of the date you file, the claim                         | s: Check all that apply                       |             |
|                  | Debtor 1 only  | Пол  |   |             |
|                  | _  | ☐ Contingent   |   |             |
|                  | Debtor 2 only  | ☐ Unliquidated   |   |             |
|                  | Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecure                   | d claim:                                      |             |
|                  | At least one of the debtors and another                              | ☐ Student loans  | a Gami  |             |
|                  | ☐ Check if this claim is for a community debt                        |  | aration agreement or divorce that you did not |             |
|                  | Is the claim subject to offset?                                      | report as priority claims                                  | and a green and a second state, and a second  |             |
|                  | ■ No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |             |
|                  | Yes  | Other. Specify Credit card                                 | purchases                                     |             |
| 4.4              | Amex/DSNB  | Last 4 digits of account number                            | 7372  | \$1,517.00  |
|                  | Nonpriority Creditor's Name<br>PO Box 8218                           | When was the debt incurred?                                | 1/10  |             |
|                  | Mason, OH 45040  |  |   |             |
|                  | Number Street City State ZIp Code                                    | As of the date you file, the claim                         | is: Check all that apply                      |             |
|                  | Who incurred the debt? Check one.                                    | _  |   |             |
|                  | ☐ Debtor 1 only  | Contingent   |   |             |
|                  | Debtor 2 only  | Unliquidated   |   |             |
|                  | Debtor 1 and Debtor 2 only   | Disputed   | 1.4.  |             |
|                  | At least one of the debtors and another                              | Type of NONPRIORITY unsecure                               | o ciaim:                                      |             |
|                  | ☐ Check if this claim is for a community                             | Student loans  |   |             |
|                  | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |             |
|                  | No   | Debts to pension or profit-shari                           | ng plans, and other similar debts             |             |
|                  | Yes  | Other Specify Credit card                                  |   |             |
|                  | band IGO   | Other Specify Ordait dark                                  | . p.a. 0114000                                |             |

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| Debto<br>Debto |   |  | Case number (if know)                         |             |
|----------------|---|--|---|-------------|
| 4.5            | Bank of America   | Last 4 digits of account number                              | 2004  | \$11,021.00 |
|                | Nonpriority Creditor's Name PO Box 15019  | When was the debt incurred?                                  | 8/05  |             |
|                | Wilmington, DE 19886-5019  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |             |
|                | Debtor 1 only   | ☐ Contingent   |   |             |
|                | Debtor 2 only   | ☐ Unliquidated   |   |             |
|                | Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |             |
|                | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                      |             |
|                | ☐ Check if this claim is for a community  | Student loans  |   |             |
|                | debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |             |
|                | ■ No  | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |             |
|                | Yes   | Other. Specify Credit card                                   | purchases                                     |             |
| 4.6            | Bank of America   | Last 4 digits of account number                              | 4719  | \$1,237.00  |
|                | Nonpriority Creditor's Name PO Box 15019 Wilmington, DE 19886-5019                              | When was the debt incurred?                                  | 6/01  |             |
|                | Number Street City State Zlp Code   | As of the date you file, the claim                           | is: Check all that apply                      |             |
|                | Who incurred the debt? Check one.   |  |   |             |
|                | Debtor 1 only   | ☐ Contingent   |   |             |
|                | ☐ Debtor 2 only   | ☐ Unliquidated   |   |             |
|                | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |             |
|                | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                      |             |
|                | ☐ Check if this claim is for a community debt   | Student loans  |   |             |
|                | Is the claim subject to offset?   | report as priority claims                                    | aration agreement or divorce that you did not |             |
|                | ■ No  | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |             |
|                | ☐ Yes   | Other. Specify Credit card                                   | l purchases                                   |             |
| 4.7            | Bank of America Nonpriority Creditor's Name   | Last 4 digits of account number                              | 5111  | \$7,254.00  |
|                | PO Box 982238<br>El Paso, TX 79998  | When was the debt incurred?                                  | 11/14   |             |
|                | Number Street City State ZIp Code   | As of the date you file, the claim                           | is: Check all that apply                      |             |
|                | Who incurred the debt? Check one.   | _  |   |             |
|                | ☐ Debtor 1 only   | Contingent   |   |             |
|                | Debtor 2 only   | ☐ Unliquidated   |   |             |
|                | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecure                     | d claim:                                      |             |
|                | At least one of the debtors and another   | Student loans  | o oranii.                                     |             |
|                | ☐ Check if this claim is for a community debt  Is the claim subject to offset?                  |  | aration agreement or divorce that you did not |             |
|                | ■ No  | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |             |
|                | Yes   | Other, Specify Credit card                                   | l purchases                                   |             |
|                |   |  |   |             |

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| Debtor 1<br>Debtor 2 | Abbas Ali Nouri Moussavi<br>Mehrnoush Shabani   |  | Case number (if know)                         |            |
|----------------------|---|--|---|------------|
|                      | Bank of America Nonpriority Creditor's Name   | Last 4 digits of account number                              | 0543  | \$348.00   |
| F                    | PO Box 982238<br>El Paso, TX 79998  | When was the debt incurred?                                  | 5/17  |            |
| 1                    | Number Street City State Zlp Code  Nho incurred the debt? Check one.                            | As of the date you file, the claim i                         | is: Check all that apply                      |            |
| 1                    | Debtor 1 only   | ☐ Contingent   |   |            |
| 1                    | Debtor 2 only   | Unliquidated   |   |            |
| [                    | □ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
| 1                    | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                      |            |
| [                    | ☐ Check if this claim is for a community  | ☐ Student loans  |   |            |
| (                    | debt<br>s the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |            |
| 1                    | No  | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |            |
| l                    | ☐ Yes   | Other. Specify Credit card                                   | l purchases                                   |            |
|                      | Barclay's Bank Delaware   | Last 4 digits of account number                              | 0491  | \$974.00   |
|                      | Nonpriority Creditor's Name<br>PO Box 8803<br>Wilmington, DE 19899-8803                         | When was the debt incurred?                                  |   |            |
| 1                    | Number Street City State Zlp Code   | As of the date you file, the claim                           | is: Check all that apply                      |            |
|                      | Who incurred the debt? Check one.   | _  |   |            |
|                      | Debtor 1 only   | Contingent   |   |            |
|                      | Debtor 2 only   | ☐ Unliquidated   |   |            |
|                      | Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
|                      | At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
|                      | ☐ Check if this claim is for a community<br>debt  | ☐ Student loans  |   |            |
|                      | uebt<br>Is the claim subject to offset?   | report as priority claims                                    | aration agreement or divorce that you did not |            |
| 10                   | ■ No  | ☐ Debts to pension or profit-sharing                         | ng plans, and other similar debts             |            |
|                      | ☐ Yes   | Other, Specify Credit card                                   | l purchases                                   |            |
| 0                    | Best Buy Credit Services  | Last 4 digits of account number                              | 8126  | \$1,019.36 |
| ı                    | Nonpriority Creditor's Name PO Box 9001007  | When was the debt incurred?                                  | 12/09   |            |
|                      | Louisville, KY 40290-1007  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |            |
|                      | Debtor 1 only   | ☐ Contingent   |   |            |
|                      | ☐ Debtor 2 only   | ☐ Unliquidated   |   |            |
|                      | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
|                      | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
|                      | ☐ Check if this claim is for a community  | ☐ Student loans  |   |            |
| (                    | debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
|                      | No.   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |            |
|                      | ☐ Yes   | Other Specify Credit card                                    | d purchases                                   |            |

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| Debtor<br>Debtor | 1 Abbas Ali Nouri Moussavi<br>2 Mehrnoush Shabani  |  | Case number (if know)                         |            |
|------------------|--|--|---|------------|
| 4.1              | Capital One  | Last 4 digits of account number                            | 8666  | \$9,339.12 |
|                  | Nonpriority Creditor's Name PO Box 30285 Salt Lake City, UT 84130-0285                     | When was the debt incurred?                                | 10/14   |            |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one                         | As of the date you file, the claim                         | s: Check all that apply                       |            |
|                  | ■ Debtor 1 only □ Debtor 2 only  | ☐ Contingent ☐ Unliquidated                                |   |            |
|                  | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|                  | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                               | d claim:                                      |            |
|                  | ☐ Check if this claim is for a community   | ☐ Student loans  |   |            |
|                  | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not  |            |
|                  | ■ No   | Debts to pension or profit-sharing                         | g plans, and other similar debts              |            |
|                  | Yes  | Other. Specify Credit card                                 | purchases                                     |            |
| 4.1              | Chase Bank USA Nonpriority Creditor's Name   | Last 4 digits of account number                            | 9273  | \$501.00   |
|                  | PO Box 15298 Wilmington, DE 19850  | When was the debt incurred?                                | 4/14  |            |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one.                        | As of the date you file, the claim                         | s: Check all that apply                       |            |
|                  | ☐ Debtor 1 only  | ☐ Contingent   |   |            |
|                  | Debtor 2 only  | ☐ Unliquidated   |   |            |
|                  | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|                  | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                               | d claim:                                      |            |
|                  | ☐ Check if this claim is for a community   | ☐ Student loans  |   |            |
|                  | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not  |            |
|                  | No No  | Debts to pension or profit-sharing                         | g plans, and other similar debts              |            |
|                  | Yes  | Other, Specify Credit card                                 | purchases                                     |            |
| 4,1              | Chase Bank USA   | Last 4 digits of account number                            | 4264  | \$2,755.00 |
|                  | Nonpriority Creditor's Name PO Box 15298   | When was the debt incurred?                                | 5/08  |            |
|                  | Wilmington, DE 19850  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                         | is: Check all that apply                      |            |
|                  | ☐ Debtor 1 only  | ☐ Contingent   |   |            |
|                  | Debtor 2 only  | *  |   |            |
|                  | Debtor 2 only  Debtor 1 and Debtor 2 only  | ☐ Unliquidated☐ Disputed                                   |   |            |
|                  |  | Type of NONPRIORITY unsecure                               | d claim:                                      |            |
|                  | ☐ At least one of the debtors and another☐ Check if this claim is for a community          | ☐ Student loans  |   |            |
|                  | debt Is the claim subject to offset?   |  | rration agreement or divorce that you did not |            |
|                  | ■ No   | Debts to pension or profit-sharing                         | g plans, and other similar debts              |            |
|                  | Yes  | Other Specify Credit card                                  | purchases                                     |            |

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|     | Abbas Ali Nouri Moussavi<br>Mehrnoush Shabani                                      |  | Case number (if know)                         |            |
|-----|--|--|---|------------|
| 4.1 | Chase Card   | Last 4 digits of account number                                | 1746  | \$7,722.75 |
| F   | Nonpriority Creditor's Name<br>PO Box 15298<br>Wilmington, DE 19850                | When was the debt incurred?                                    | _   |            |
| 1   | lumber Street City State Zlp Code  Who incurred the debt? Check one                | As of the date you file, the claim i                           | s: Check all that apply                       |            |
| 1   | Debtor 1 only  | ☐ Contingent   |   |            |
| [   | Debtor 2 only  | ☐ Unliquidated   |   |            |
| [   | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
| [   | $\square$ At least one of the debtors and another                                  | Type of NONPRIORITY unsecured                                  | I claim:                                      |            |
| ]   | ☐ Check if this claim is for a community   | ☐ Student loans  |   |            |
|     | lebt<br>s the claim subject to offset?   | Obligations arising out of a sepa<br>report as priority claims | ration agreement or divorce that you did not  |            |
| - 1 | No   | ☐ Debts to pension or profit-sharin                            | g plans, and other similar debts              |            |
| [   | Yes  | Other, Specify Credit card                                     | purchases                                     |            |
|     | CHOP Urgent Care Nonpriority Creditor's Name                                       | Last 4 digits of account number                                | 1775  | \$401.00   |
|     | 1925 Pacific Ave<br>Atlantic City, NJ 08401  | When was the debt incurred?                                    |   |            |
| 1   | Number Street City State Zlp Code  Who incurred the debt? Check one.               | As of the date you file, the claim i                           | s: Check all that apply                       |            |
| 1   | Debtor 1 only  | ☐ Contingent   |   |            |
| [   | Debtor 2 only  | ☐ Unliquidated   |   |            |
| _   | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|     | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                  | d claim:                                      |            |
|     | ☐ Check if this claim is for a community   | ☐ Student loans  |   |            |
| C   | debt<br>s the claim subject to offset?   | Obligations arising out of a separeport as priority claims     | ration agreement or divorce that you did not  |            |
| 1   | No   | Debts to pension or profit-sharing                             | g plans, and other similar debts              |            |
| I   | Yes  | Other. Specify Medical set                                     | rvices  |            |
| 4.1 | Citi Cards   | Last 4 digits of account number                                | 4605  | \$1.00     |
| 1   | Nonpriority Creditor's Name PO Box 6241 Sioux Falls, SD 57104                      | When was the debt incurred?                                    | 6/12  |            |
| 1   | Number Street City State Zip Code  Nho incurred the debt? Check one.               | As of the date you file, the claim                             | s: Check all that apply                       |            |
|     | Debtor 1 only  | ☐ Contingent   |   |            |
|     | Debtor 2 only  | ☐ Unliquidated   |   |            |
|     | ■ Debtor 2 only  ☐ Debtor 1 and Debtor 2 only                                      | ☐ Uniiquidated ☐ Disputed                                      |   |            |
|     | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another             | Type of NONPRIORITY unsecure                                   | d claim:                                      |            |
|     | ☐ At least one of the deptors and another ☐ Check if this claim is for a community | ☐ Student loans  |   |            |
| (   | in Check if this claim is for a community debt steep subject to offset?            | _  | aration agreement or divorce that you did not |            |
| 36  | ■ No   | Debts to pension or profit-sharing                             | g plans, and other similar debts              |            |
| Ī   | □ Yes  | Other, Specify Notice Only                                     | 1   |            |

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| Debtor 1 Abbas Ali Nouri Moussavi Debtor 2 Mehrnoush Shabani Case n  | mber (if know)                     |
|--|------------------------------------|
| 4.1 Citibank Last 4 digits of account number 6001  | \$2,381.00                         |
| Nonpriority Creditor's Name PO Box 6241 When was the debt incurred? 1/19 Sioux Falls, SD 57117-6241                      |                                    |
| Number Street City State Zlp Code As of the date you file, the claim is: Check Who incurred the debt? Check one.         | all that apply                     |
| ☐ Debtor 1 only ☐ Contingent   |                                    |
| ■ Debtor 2 only  |                                    |
| ☐ Debtor 1 and Debtor 2 only ☐ Disputed  |                                    |
| ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim:   |                                    |
| Check if this claim is for a community   |                                    |
| debt ☐ Obligations arising out of a separation agr Is the claim subject to offset? report as priority claims             | eement or divorce that you did not |
| ■ No □ Debts to pension or profit-sharing plans, a   | nd other similar debts             |
| ☐ Yes ☐ Other, Specify Credit card purch   | ses                                |
| 4.1 Comenity Bank Last 4 digits of account number 5403   | \$19,431.17                        |
| Comenity Bank Last 4 digits of account number 5403  Nonpriority Creditor's Name  | \$15,431.17                        |
| Bankruptcy Department When was the debt incurred? 3/14 PO Box 182125 Columbus, OH 43218-2125                             |                                    |
| Number Street City State Zlp Code As of the date you file, the claim is: Check   | all that apply                     |
| Who incurred the debt? Check one.  |                                    |
| ■ Debtor 1 only □ Contingent   |                                    |
| ☐ Debtor 2 only ☐ Unliquidated   |                                    |
| ☐ Debtor 1 and Debtor 2 only ☐ Disputed ☐ At least one of the debtors and another ☐ Type of NONPRIORITY unsecured claim: |                                    |
| At least one of the debiors and another  |                                    |
| ☐ Check if this claim is for a community  debt ☐ Obligations arising out of a separation ag                              | eement or divorce that you did not |
| Is the claim subject to offset? report as priority claims  | osmont of arrond that you did not  |
| ■ No □ Debts to pension or profit-sharing plans, a   | nd other similar debts             |
| ☐ Yes ☐ Other, Specify ☐ Credit card purch.  | ises                               |
| 4.1 Comenity Bank Last 4 digits of account number 5421   | \$38.00                            |
| Nonpriority Creditor's Name  Bankruptcy Department When was the debt incurred? 4/19 PO Box 182125                        | ž.                                 |
| Columbus, OH 43218-2125  Number Street City State Zlp Code  As of the date you file, the claim is: Check                 | all that apply                     |
| Who incurred the debt? Check one   | dii tiat appiy                     |
| ☐ Debtor 1 only ☐ Contingent   |                                    |
| ■ Debtor 2 only  |                                    |
| ☐ Debtor 1 and Debtor 2 only ☐ Disputed  |                                    |
| ☐ At least one of the debtors and another  Type of NONPRIORITY unsecured claim:  |                                    |
| ☐ Check if this claim is for a community ☐ Student loans   |                                    |
| debt ☐ Obligations arising out of a separation ag  Is the claim subject to offset? report as priority claims             | eement or divorce that you did not |
| ■ No □ Debts to pension or profit-sharing plans, a   | nd other similar debts             |
| □ Yes ■ Other, Specify Credit card purch   | ases                               |

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| Debt<br>Debt | or 1 Abbas Ali Nouri Moussavi<br>or 2 Mehrnoush Shabani   |  | Case number (if know)                         |             |
|--------------|---|--|---|-------------|
| 4,2<br>0     | Discover Financial Services   | Last 4 digits of account number                            | 4801  | \$94.00     |
|              | Nonpriority Creditor's Name PO Box 15316  | When was the debt incurred?                                | 4/12  |             |
|              | Wilmington, DE 19850-5316  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                         | is: Check all that apply                      |             |
|              | ☐ Debtor 1 only   | ☐ Contingent   |   |             |
|              | Debtor 2 only   | ☐ Unliquidated   |   |             |
|              | Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |             |
|              | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                              | d claim:                                      |             |
|              | ☐ Check if this claim is for a community  | ☐ Student loans  |   |             |
|              | debt<br>Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |             |
|              | No  | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |             |
|              | Yes   | Other. Specify Credit card                                 | purchases                                     |             |
| 4.2          | DSNB Macys Nonpriority Creditor's Name  | Last 4 digits of account number                            | 6274  | \$193.00    |
|              | PO Box 8218<br>Mason, OH 45040  | When was the debt incurred?                                | 1/10  |             |
|              | Number Street City State Zlp Code  Who incurred the debt? Check one.                            | As of the date you file, the claim                         | is: Check all that apply                      |             |
|              | ☐ Debtor 1 only   | ☐ Contingent   |   |             |
|              | Debtor 2 only   | Unliquidated   |   |             |
|              | Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |             |
|              | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                               | d claim:                                      |             |
|              | ☐ Check if this claim is for a community  | ☐ Student loans  |   |             |
|              | debt<br>Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |             |
|              | ■ No  | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |             |
|              | Yes   | Other, Specify Credit card                                 | purchases                                     |             |
| 4.2<br>2     | FED Loan Servicing  | Last 4 digits of account number                            | 9FD0  | \$41,279.00 |
|              | Nonpriority Creditor's Name PO Box 60610 Harrisburg, PA 17106                                   | When was the debt incurred?                                | 9/24/14                                       |             |
|              | Number Street City State ZIp Code   | As of the date you file, the claim                         | is: Check all that apply                      |             |
|              | Who incurred the debt? Check one  |  |   |             |
|              | Debtor 1 only   | ☐ Contingent   |   |             |
|              | Debtor 2 only   | Unliquidated   |   |             |
|              | ☐ Debtor 1 and Debtor 2 only  | Disputed   | d alaim.                                      |             |
|              | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecure                               | a ciaim:                                      |             |
|              | ☐ Check if this claim is for a community debt   |  | aration agreement or divorce that you did not |             |
|              | Is the claim subject to offset?   | report as priority claims                                  |   |             |
|              | No  | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |             |
|              | □ Yes   | Other Specify  |   |             |

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|     | Abbas Ali Nouri Moussavi Mehrnoush Shabani                               |  | Case number (if know)                         |            |
|-----|--|--|---|------------|
| J   | Medical One  | Last 4 digits of account number                              |   | \$126.00   |
|     | Nonpriority Creditor's Name 4248 Harbour Beach Blvd Brigantine, NJ 08203 | When was the debt incurred?                                  | 7/26/16                                       |            |
|     | Number Street City State Zlp Code Who incurred the debt? Check one.      | As of the date you file, the claim i                         | is: Check all that apply                      |            |
|     | Debtor 1 only  | ☐ Contingent   |   |            |
|     | ☐ Debtor 2 only  | ☐ Unliquidated   |   |            |
|     | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|     | ☐ At least one of the debtors and another                                | Type of NONPRIORITY unsecured                                | d claim:                                      |            |
|     | ☐ Check if this claim is for a community                                 | ☐ Student loans  |   |            |
|     | debt Is the claim subject to offset?                                     | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
|     | ■ No   | ☐ Debts to pension or profit-sharin                          | g plans, and other similar debts              |            |
|     | ☐ Yes  | Other, Specify Medical set                                   | rvices  |            |
| 4.2 | PNC Bank   | Last 4 digits of account number                              | 8665  | \$3,418.50 |
|     | Nonpriority Creditor's Name PO Box 856177 Louisville, KY 40285-6177      | When was the debt incurred?                                  | 9/14  |            |
|     | Number Street City State Zlp Code  Who incurred the debt? Check one      | As of the date you file, the claim                           | is: Check all that apply                      |            |
|     | ■ Debtor 1 only  | ☐ Contingent   |   |            |
|     | Debtor 2 only  | ☐ Unliquidated   |   |            |
|     | Debtor 1 and Debtor 2 only   | Disputed   |   |            |
|     | ☐ At least one of the debtors and another                                | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
|     | ☐ Check if this claim is for a community                                 | ☐ Student loans  |   |            |
|     | debt Is the claim subject to offset?                                     | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |            |
|     | ■ No   | ☐ Debts to pension or profit-sharing                         | ng plans, and other similar debts             |            |
|     | Yes  | Other Specify Credit card                                    | purchases                                     |            |
| 4.2 | Sears Credit Cards   | Last 4 digits of account number                              | 9729  | \$494.73   |
|     | Nonpriority Creditor's Name PO Box 78051 Phoenix, AZ 85062-8051          | When was the debt incurred?                                  | 4/13  |            |
|     | Number Street City State Zlp Code Who incurred the debt? Check one.      | As of the date you file, the claim                           | is: Check all that apply                      |            |
|     | Debtor 1 only  | ☐ Contingent   |   |            |
|     | ☐ Debtor 2 only  | ☐ Unliquidated   |   |            |
|     | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|     | ☐ At least one of the debtors and another                                | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
|     | ☐ Check if this claim is for a community                                 | ☐ Student loans  |   |            |
|     | debt Is the claim subject to offset?                                     | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |            |
|     | ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |            |
|     | ☐ Yes  | Other Specify Credit card                                    | l purchases                                   |            |

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|   | Abbas Ali Nouri Moussavi<br>Mehrnoush Shabani  |  | Case number (if know)                        |            |
|---|--|--|--|------------|
|   | SYNCB/Ashley Homestores  | Last 4 digits of account number                              | 2309   | \$762.00   |
|   | Nonpriority Creditor's Name<br>PO Box 965001<br>Orlando, FL 32896                            | When was the debt incurred?                                  | 5/18   |            |
|   | Number Street City State ZIp Code  Who incurred the debt? Check one.                         | As of the date you file, the claim i                         | s: Check all that apply                      |            |
|   | Debtor 1 only  | ☐ Contingent   |  |            |
|   | Debtor 2 only  | ☐ Unliquidated   |  |            |
|   | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|   | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|   | Check if this claim is for a community   | ☐ Student loans  |  |            |
|   | debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|   | ■ No   | Debts to pension or profit-sharin                            | g plans, and other similar debts             |            |
|   | Yes  | Other, Specify Credit card                                   | purchases                                    |            |
| 1 | SYNCB/Home   | Last 4 digits of account number                              | 0223   | \$210.00   |
|   | Nonpriority Creditor's Name<br>PO Box 965036<br>Orlando, FL 32896                            | When was the debt incurred?                                  | 7/17   |            |
|   | Number Street City State Zlp Code  | As of the date you file, the claim i                         | s: Check all that apply                      |            |
| , | Who incurred the debt? Check one.  |  |  |            |
|   | Debtor 1 only  | ☐ Contingent   |  |            |
|   | Debtor 2 only  | ☐ Unliquidated   |  |            |
|   | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|   | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|   | ☐ Check if this claim is for a community   | ☐ Student loans  |  |            |
|   | debt   |  | ration agreement or divorce that you did not |            |
|   | ls the claim subject to offset?<br>■   | report as priority claims  Debts to pension or profit-sharin | a plane, and other similar debta             |            |
|   | ■ No<br>□ Yes  | Other. Specify     Credit card                               |  |            |
|   | □ res  | Other. Specify Credit Card                                   | purchases                                    |            |
|   | SYNCB/JC Penney Nonpriority Creditor's Name  | Last 4 digits of account number                              | 7171   | \$1,726.09 |
|   | Attn: Bankruptcy Dept.<br>PO Box 965064  | When was the debt incurred?                                  | 6/02   |            |
|   | Orlando, FL 32896-5064  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | s: Check all that apply                      |            |
|   | ■ Debtor 1 only  | ☐ Contingent   |  |            |
|   | Debtor 2 only  | ☐ Unliquidated   |  |            |
|   | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|   | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|   | Check if this claim is for a community   | ☐ Student loans  |  |            |
|   | □ Check if this claim is for a community debt  Is the claim subject to offset?               |  | ration agreement or divorce that you did not |            |
|   | ■ No   | ☐ Debts to pension or profit-sharin                          | g plans, and other similar debts             |            |
|   | ☐ Yes  | Other Specify Credit card                                    | purchases                                    |            |

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|          | 1 Abbas Ali Nouri Moussavi<br>2 Mehrnoush Shabani                             |  | Case number (if know)                         |            |
|----------|---|--|---|------------|
| 4,2<br>9 | SYNCB/Sams Club   | Last 4 digits of account number                            | 4166  | \$1,689.00 |
|          | Nonpriority Creditor's Name<br>PO Box 965005<br>Orlando, FL 32896             | When was the debt incurred?                                | 12/18   |            |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.          | As of the date you file, the claim i                       | s: Check all that apply                       |            |
|          | ☐ Debtor 1 only ☐ Debtor 2 only   | ☐ Contingent☐ Unliquidated                                 |   |            |
|          | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another        | ☐ Disputed  Type of NONPRIORITY unsecured  ☐ Student loans | d claim:                                      |            |
|          | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _  | aration agreement or divorce that you did not |            |
|          | ■ No  | ☐ Debts to pension or profit-sharing                       |   |            |
|          | Yes   | Other Specify Credit card                                  | purchases                                     |            |
| 4,3      | TD Bank Nonpriority Creditor's Name   | Last 4 digits of account number                            | 2616  | \$9,832.00 |
|          | 32 Chestnut St.<br>Lewiston, ME 04240   | When was the debt incurred?                                | 6/16  |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one            | As of the date you file, the claim                         | is: Check all that apply                      |            |
|          | ☐ Debtor 1 only   | ☐ Contingent   |   |            |
|          | Debtor 2 only   | ☐ Unliquidated   |   |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
|          | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecure                               | d claim:                                      |            |
|          | ☐ Check if this claim is for a community                                      | ☐ Student loans  |   |            |
|          | debt Is the claim subject to offset?  | report as priority claims                                  | aration agreement or divorce that you did not |            |
|          | ■ No  | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |            |
|          | Yes   | Other. Specify Credit card                                 | l purchases                                   |            |
| 4,3      | TD Bank USA/Target  | Last 4 digits of account number                            | 2047  | \$176.00   |
|          | Nonpriority Creditor's Name PO Box 673 Minneapolis, MN 55440                  | When was the debt incurred?                                | 9/14  |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.           | As of the date you file, the claim                         | is: Check all that apply                      |            |
|          | ☐ Debtor 1 only   | ☐ Contingent   |   |            |
|          | Debtor 2 only   | ☐ Unliquidated   |   |            |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
|          | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecure                               | d claim:                                      |            |
|          | ☐ Check if this claim is for a community                                      | ☐ Student loans  |   |            |
|          | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
|          | No  | ☐ Debts to pension or profit-sharing                       | ng plans, and other similar debts             |            |
|          | Yes   | Other Specify Credit card                                  | l purchases                                   |            |

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| Debtor 1<br>Debtor 2             | Abbas Ali Nouri Moussavi<br>Mehrnoush Shabani   |  | Case number (if know)  |                           |  |  |  |  |  |
|----------------------------------|---|--|--|---------------------------|--|--|--|--|--|
| 4.3                              | The Home Depot/CBSD   | Last 4 digits of account number  | 3458   | \$28.00                   |  |  |  |  |  |
|                                  | Nonpriority Creditor's Name<br>PO Box 6497<br>Sioux Falls, SD 57117-6497  | When was the debt incurred?  | 10/18  |                           |  |  |  |  |  |
|                                  | Number Street City State Zlp Code   | As of the date you file, the claim   | is: Check all that apply   |                           |  |  |  |  |  |
| ,                                | Who incurred the debt? Check one.   |  |  |                           |  |  |  |  |  |
|                                  | Debtor 1 only   | ☐ Contingent   |  |                           |  |  |  |  |  |
|                                  | Debtor 2 only   | ☐ Unliquidated   |  |                           |  |  |  |  |  |
|                                  | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |                           |  |  |  |  |  |
|                                  | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecure   | ed claim:  |                           |  |  |  |  |  |
|                                  | ☐ Check if this claim is for a community  | ☐ Student loans  |  |                           |  |  |  |  |  |
|                                  | debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a sep report as priority claims   | aration agreement or divorce that you did not                                    |                           |  |  |  |  |  |
|                                  | ■ No  | Debts to pension or profit-shari   | ng plans, and other similar debts  |                           |  |  |  |  |  |
|                                  | Yes   | Other, Specify Credit care   | d purchases  |                           |  |  |  |  |  |
| 4.3                              | Univest   | Last 4 digits of account number  | 6598   | \$12,211.02               |  |  |  |  |  |
|                                  | Nonpriority Creditor's Name PO Box 790408   | When was the debt incurred?  | 7/18   |                           |  |  |  |  |  |
|                                  | Saint Louis, MO 63179-0408  Number Street City State Zlp Code   | As of the date you file, the claim   | is: Check all that apply   |                           |  |  |  |  |  |
|                                  | Who incurred the debt? Check one.   | ,  | ,  |                           |  |  |  |  |  |
|                                  | ☐ Debtor 1 only   | ☐ Contingent   |  |                           |  |  |  |  |  |
|                                  | Debtor 2 only   |  |  |                           |  |  |  |  |  |
|                                  | Debtor 1 and Debtor 2 only  |  |  |                           |  |  |  |  |  |
|                                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure   | ype of NONPRIORITY unsecured claim:  |                           |  |  |  |  |  |
|                                  | ☐ Check if this claim is for a community  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims          |  |                           |  |  |  |  |  |
|                                  | debt<br>Is the claim subject to offset?   |  |  |                           |  |  |  |  |  |
|                                  | No  |  | ☐ Debts to pension or profit-sharing plans, and other similar debts              |                           |  |  |  |  |  |
|                                  |   |  |  |                           |  |  |  |  |  |
|                                  | ☐ Yes   |  |  |                           |  |  |  |  |  |
| 5. Use thi<br>is tryin<br>have m | List Others to Be Notified About a Despaye only if you have others to be notified g to collect from you for a debt you owe to shore than one creditor for any of the debts the dor any debts in Parts 1 or 2, do not fill out | about your bankruptcy, for a debt that<br>omeone else, list the original creditor i<br>at you listed in Parts 1 or 2, list the add | n Parts 1 or 2, then list the collection agenc                                   | y here. Similarly, if you |  |  |  |  |  |
|                                  | d Address   | On which entry in Part 1 or Part 2 did yo  | _  |                           |  |  |  |  |  |
| PO Bo                            | l Collections<br>x 150  |  | Part 1: Creditors with Priority Unsecured Cla                                    |                           |  |  |  |  |  |
|                                  | Berlin, NJ 08091  |  | Part 2: Creditors with Nonpriority Unsecured                                     | Claims                    |  |  |  |  |  |
|                                  |   | Last 4 digits of account number  | 2520   |                           |  |  |  |  |  |
|                                  | d Address   | On which entry in Part 1 or Part 2 did yo  | 3  |                           |  |  |  |  |  |
|                                  | nity/Victorias Secret<br>x 182789   |  | Part 1: Creditors with Priority Unsecured Cla                                    |                           |  |  |  |  |  |
|                                  | bus, OH 43218   |  | Part 2: Creditors with Nonpriority Unsecured                                     | Claims                    |  |  |  |  |  |
|                                  |   | Last 4 digits of account number  |  |                           |  |  |  |  |  |
| Gatest                           | <sup>d Address</sup><br>one & Co. International Inc.<br>. West Streeet  |  | Part 1: Creditors with Priority Unsecured Cla                                    |                           |  |  |  |  |  |
| Suite 1                          | 200   | ,  | Part 2: Creditors with Nonpriority Unsecured                                     | Cialms                    |  |  |  |  |  |
| Wilmin                           | gton, DE 19801  | Last 4 digits of account number  |  |                           |  |  |  |  |  |
|                                  | d Address<br>tem, Inc.  | On which entry in Part 1 or Part 2 did yo Line 4.15 of (Check one):  | u list the original creditor?<br>□ Part 1: Creditors with Priority Unsecured Cla | ims                       |  |  |  |  |  |

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| Debtor 2 Abbas Ali Nouri Moussavi Mehrnoush Shabani |   | Case number (if know)                                 |
|---|---|---|
| P.O. Box 64378                                      |   | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Saint Paul, MN 55164-0378                           | Last 4 digits of account number           | 9139  |
| Name and Address                                    | On which entry in Part 1 or Part 2 did yo |   |
| MRS BPO LLC   |   | Part 1: Creditors with Priority Unsecured Claims      |
| 1930 Olney Ave<br>Cherry Hill, NJ 08003             |   | Part 2: Creditors with Nonpriority Unsecured Claims   |
| Cherry Fills, No 00003                              | Last 4 digits of account number           |   |
| Name and Address                                    | On which entry in Part 1 or Part 2 did yo | ou list the original creditor?                        |
| Selip & Stylianou LLP                               | Line 4.28 of (Check one):                 | Part 1: Creditors with Priority Unsecured Claims      |
| 10 Forest Avenue<br>Suite 300                       |   | Part 2: Creditors with Nonpriority Unsecured Claims   |
| Paramus, NJ 07652                                   | Last 4 digits of account number           | 9984  |
| Name and Address                                    | On which entry in Part 1 or Part 2 did yo | ou list the original creditor?                        |
| Synchrony Bank                                      | Line 4.28 of (Check one):                 | Part 1: Creditors with Priority Unsecured Claims      |
| 170 Election Road<br>STE 125                        |   | Part 2: Creditors with Nonpriority Unsecured Claims   |
| Draper, UT 84020                                    | Last 4 digits of account number           |   |
| Name and Address                                    | On which entry in Part 1 or Part 2 did yo | ou list the original creditor?                        |
| US Bank/Elan Financial Services                     | Line 4.33 of (Check one):                 | Part 1: Creditors with Priority Unsecured Claims      |
| PO Box 108  |   | Part 2: Creditors with Nonpriority Unsecured Claims   |
| Saint Louis, MO 63166                               | Last 4 digits of account number           |   |

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                 |     |   |     | Total Claim      |
|-----------------|-----|---|-----|------------------|
|                 | 6a. | Domestic support obligations  | 6a. | \$<br>0.00       |
| Total claims    |     |   |     |                  |
| om Part 1       | 6b. | Taxes and certain other debts you owe the government  | 6b_ | \$<br>0.00       |
|                 | 6c  | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00       |
|                 | 6d. | Other. Add all other priority unsecured claims, Write that amount here,                                 | 6d_ | \$<br>0.00       |
|                 | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00       |
|                 |     |   |     | Total Claim      |
|                 | 6f  | Student loans   | 6f. | \$<br>41,279.00  |
| Total<br>claims |     |   |     |                  |
| rom Part 2      | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00       |
|                 | 6h  | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h  | \$<br>0.00       |
|                 | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. | \$<br>117,763.74 |
|                 | 6j  | Total Nonpriority. Add lines 6f through 6i:   | 6ј. | \$<br>159,042.74 |

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| Fill in this info   | rmation to identify your  | case:               | tegen) in the | 71.57                                |
|---------------------|---------------------------|---------------------|---------------|--------------------------------------|
| Debtor 1            | Abbas Ali Nouri           | Moussavi            |               |                                      |
|                     | First Name                | Middle Name         | Last Name     |                                      |
| Debtor 2            | Mehrnoush Shab            | ani                 |               |                                      |
| (Spouse if, filing) | First Name                | Middle Name         | Last Name     |                                      |
| United States E     | Bankruptcy Court for the: | DISTRICT OF NEW JER | RSEY          |                                      |
| Case number         | 19-26762-ABA              |                     |               |                                      |
| (if known)          |                           |                     |               | ☐ Check if this is an amended filing |

#### Official Form 106G

#### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Р   | erson or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|-----|---|---|
| 2.1 | Nissan-Infiniti<br>8900 Freeport Pkwy<br>Irving, TX 75063   | Auto lease                              |
| 2.2 | Sunrun, Inc.<br>PO Box 4387<br>Portland, OR 97208   | Solar panels                            |

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|                              |  | Doddino   | it rago oo or c                                   | ,                                       |  |
|------------------------------|--|---|---|---|--|
| Fill in this                 | s information to identify you  | r case:   | A BURNEY OF THE                                   |   |  |
| Debtor 1                     | Abbas Ali Nouri  | Moussavi  |   |   |  |
|                              | First Name   | Middle Name   | Last Name   |   |  |
| Debtor 2<br>(Spouse if, fill | Mehrnoush Shaling) First Name  | Dani<br>Middle Name                                     | Last Name   |   |  |
|                              | ates Bankruptcy Court for the:   | DISTRICT OF NEW JE                                      | RSEY  |   |  |
| Officed Sta                  | ates bankruptey count for the.   | DIGITATO TO TALLAVOL                                    | 11021   |   |  |
| Case num                     | nber   |   |   |   | ☐ Check if this is an  |
| (                            |  |   |   |   | amended filing   |
| Off: -: -                    | 1.5 40011  |   |   |   |  |
|                              | al Form 106H   |   |   |   |  |
| Sched                        | dule H: Your Cod   | lebtors   |   |   | 12/15  |
| people are<br>fill it out, a | e filing together, both are eq   | ually responsible for sup<br>e boxes on the left. Attac | plying correct information the Additional Page to | on. If more space is                    | rate as possible. If two married<br>needed, copy the Additional Page,<br>op of any Additional Pages, write   |
| 1. Do                        | you have any codebtors? (I   | f you are filing a joint case                           | , do not list either spouse a                     | as a codebtor.                          |  |
| ■ No                         | )  |   |   |   |  |
| ☐ Ye                         |  |   |   |   |  |
| Arizo                        | thin the last 8 years, have yo<br>na, California, Idaho, Louisian<br>o. Go to line 3.<br>es. Did your spouse, former spo | a, Nevada, New Mexico, P                                | uerto Rico, Texas, Washin                         |   | ty states and territories include<br>)   |
| in lin<br>Form               | e 2 again as a codebtor only<br>106D), Schedule E/F (Official<br>Column 2.  Column 1: Your codebtor                      | if that person is a guara<br>al Form 106E/F), or Sche   | ntor or cosigner. Make s                          | ure you have listed (G). Use Schedule D | ng with you. List the person shown<br>the creditor on Schedule D (Official<br>, Schedule E/F, or Schedule G to fil<br>reditor to whom you owe the debt |
|                              | Name, Number, Street, City, State and  | ZIP Code  |   | Check all schedu                        | les that apply:  |
| 3.1                          |  |   |   | ☐ Schedule D, li                        | ne   |
|                              | Name   |   |   | ☐ Schedule E/F,                         |  |
|                              |  |   |   | ☐ Schedule G, li                        | ne   |
|                              | Number Street<br>City  | Stale   | ZIP Code  |   |  |
|                              | Cny  | State   | 211 0000  |   |  |
| 3.2                          |  |   |   | ☐ Schedule D, li                        | ne   |
| J.Z                          | Name   |   |   | ☐ Schedule E/F,                         |  |
|                              |  |   |   | ☐ Schedule G, li                        |  |
|                              | Number Street  |   |   |   |  |
|                              | City   | State   | ZIP Code  |   |  |

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|                               | in this information to identify your c   | ase:   | SIDE WATER OF STREET                           | THE                    | D)              |  |                       |   |                 |
|-------------------------------|--|--|--|------------------------|-----------------|--|-----------------------|---|-----------------|
| Deb                           | otor 1 Abbas Ali N   | ouri Moussavi  |  |                        | _               |  |                       |   |                 |
|                               | otor 2 Mehrnoush   | Shabani  |  |                        | -               |  |                       |   |                 |
| Unit                          | ted States Bankruptcy Court for the  | : DISTRICT OF NEW J  | ERSEY  |                        |                 |  |                       |   |                 |
| Cas<br>(If kn                 | se number 19-26762-A   | ABA  |  |                        |                 | Check if this is:  An amended A suppleme 13 income a | nt showi              | ing postpetition of                               | chapter         |
| 01                            | fficial Form 106I  |  |  |                        |                 | MM / DD/ Y   | YYY                   |   |                 |
| Sc                            | chedule I: Your Inc  | ome  |  |                        |                 |  |                       |   | 12/15           |
| supp                          | is complete and accurate as possiplying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment                           | are married and not filing wi  | ng jointly, and your s<br>th you, do not inclu | spouse i:<br>de inforn | s livi<br>natio | ng with you, inclu<br>n about your spo               | ide info<br>use. If n | rmation about y<br>nore space is r                | your<br>leeded, |
| 1.                            | Fill in your employment information.   |  | Debtor 1                                       | #15                    |                 | Debtor 2   | or non-               | filing spouse                                     |                 |
|                               | If you have more than one job, attach a separate page with   | Employment status  | ■ Employed                                     |                        |                 | ■ Emplo  | yed                   |   |                 |
|                               | information about additional   | ☐ Not employed   |  |                        | ☐ Not e         |  | employed              |   |                 |
|                               | employers  | Occupation   | Postman/Teach                                  | er/Mark                | etin            | gTeacher   | r Assis               | tant/Seamstr                                      | ess             |
|                               | Include part-time, seasonal, or self-employed work.  | Employer's name  |  |                        |                 |  |                       |   |                 |
|                               | Occupation may include student   | Employer's address   |  |                        |                 | NJ   |                       |   |                 |
|                               | or homemaker, if it applies.   |  |  |                        |                 |  |                       |   |                 |
|                               |  | How long employed t  | here?  |                        |                 |  |                       |   |                 |
| Par                           | or homemaker, if it applies.   |  | here?  |                        |                 |  |                       |   |                 |
| Esti                          | or homemaker, if it applies.   | nthly Income   |  | eport for a            | any l           | ine, write \$0 in the                                | space. I              | nclude your non                                   | -filing         |
| Esting spou                   | or homemaker, if it applies.  12: Give Details About Momate monthly income as of the details and the details are solded.   | ate you file this form. If   | you have nothing to r                          |                        |                 |  |                       |   |                 |
| Esting spou                   | or homemaker, if it applies.  12: Give Details About Momate monthly income as of the duse unless you are separated.  u or your non-filing spouse have m                                | ate you file this form. If   | you have nothing to r                          |                        |                 |  | n on the              |   |                 |
| Esting spou                   | or homemaker, if it applies.  12: Give Details About Momate monthly income as of the duse unless you are separated.  u or your non-filing spouse have m                                | ate you file this form. If ore than one employer, countries form.  | you have nothing to rombine the informatio     |                        |                 | yers for that perso                                  | n on the              | lines below. If y                                 |                 |
| Esti<br>spou<br>If yo<br>more | or homemaker, if it applies.  Give Details About Momate monthly income as of the dase unless you are separated.  u or your non-filing spouse have me space, attach a separate sheet to | ate you file this form. If ore than one employer, conthis form.  Try, and commissions (becalculate what the month) | you have nothing to rombine the informatio     | n for all e            | mplo            | yers for that perso                                  | For D                 | lines below. If y<br>bebtor 2 or<br>illing spouse |                 |

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|                | tor 1<br>tor 2            | Abbas Ali Nouri Moussavi<br>Mehrnoush Shabani  |                        | С            | Case number (if kn                | own)                      |                  |                       |                |                  |
|----------------|---------------------------|--|------------------------|--------------|-----------------------------------|---------------------------|------------------|-----------------------|----------------|------------------|
|                |                           |  |                        |              | For Debtor 1                      |                           |                  | Debtor 2<br>filing sp |                |                  |
|                | Cop                       | by line 4 here   | 4.                     | -            | \$ 2,800                          | 0.00                      | \$               |                       | 30.00          |                  |
| 5.             | Lint                      | all neural deductions  |                        |              |                                   |                           |                  |                       |                |                  |
| Э.             |                           | all payroll deductions:  | F -                    |              | ¢ 400                             |                           | ¢.               |                       | 70.00          |                  |
|                | 5a.                       | Tax, Medicare, and Social Security deductions  | 5a.                    |              |                                   | 00.3                      | \$<br>\$         |                       | 78.00          |                  |
|                | 5b.                       | Mandatory contributions for retirement plans   | 5b.                    |              |                                   | 0.00                      | \$               | 1                     | 06.00          |                  |
|                | 5c.                       | Voluntary contributions for retirement plans   | 5c.<br>5d.             |              | -                                 | 0.00                      | \$               |                       | 0.00           |                  |
|                | 5d.<br>5e.                | Required repayments of retirement fund loans<br>Insurance  | 5e.                    |              |                                   | 0.00                      | \$               |                       | 0.00           |                  |
|                | 5e.<br>5f.                | Domestic support obligations   | 5f.                    |              |                                   | 0.00                      | \$               |                       | 0.00           |                  |
|                |                           | Union dues   | 5g.                    |              | '                                 | 0.00                      | \$               |                       | 30.68          |                  |
|                | 5g.<br>5h.                | Other deductions. Specify:   | 5h                     |              |                                   | 0.00                      |                  |                       | 0.00           | -                |
| c              |                           |  | 6.                     |              |                                   | 5.00                      | \$               | 2                     | 14.68          |                  |
| 6 <sub>.</sub> |                           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   |                        |              |                                   |                           |                  |                       |                |                  |
| 7.             |                           | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.                     |              | \$ 2,554                          | 1.00                      | \$               | 1,9                   | 15.32          |                  |
| 8.             | List<br>8a                | profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  | 8a                     |              | \$                                |                           | \$               |                       | 0.00           |                  |
|                | 0 h                       | monthly net income. Interest and dividends   | 8b                     |              | '                                 | 0.00                      | \$               |                       | 0.00           |                  |
|                | 8b.<br>8c.                | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce  | OD                     | *            | Ψ(                                | 7.00                      | Ψ                |                       | 0.00           |                  |
|                |                           | settlement, and property settlement.   | 8c                     | :.           | \$ (                              | 0.00                      | \$               |                       | 0.00           |                  |
|                | 8d.                       | Unemployment compensation  | 8d                     | l.           | \$ (                              | 0.00                      | \$               |                       | 0.00           |                  |
|                | 8e.                       | Social Security  | 8e                     | 20           | \$(                               | 0.00                      | \$               |                       | 0.00           |                  |
|                | 8f.                       | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:    | 8f.                    |              |                                   | 0.00                      | \$               |                       | 0.00           |                  |
|                | 8g,                       |  | 8g                     | ).<br>).+    |                                   | 0.00<br>0.00              | + \$             |                       | 0.00           |                  |
|                | 8h.                       | Other monthly income. Specify:   | _ 011                  | 1. 7         | Ψ                                 | 0.00                      | Ψ                |                       | 0.00           | _                |
| 9.             | Add                       | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.                     | 9            | 5 (                               | 0.00                      | \$               |                       | 0.0            | 0                |
| 10             | Cal                       | autate manthly income. Add line 7.1 line 0.  | 10.                    | \$           | 2,554.00                          | + \$                      | 4.0              | 15.32                 | \$             | 4,469.32         |
| 10.            |                           | culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.                    | Ψ            | 2,354.00                          | Ψ                         | 1,3              | 13.32                 | Ψ =            | 4,403.32         |
| 11.            | Sta<br>Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not accify: | depe                   |              |                                   |                           |                  | chedule .<br>11       |                | 0.00             |
| 12.            | Writ                      | d the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certain liles   | ult is<br>n <i>Lia</i> | the<br>bilit | e combined mor<br>ties and Relate | nthly in<br>d <i>Data</i> | come.<br>, if it | 12.                   | \$             | 4,469.32         |
| 13.            | Do                        | you expect an increase or decrease within the year after you file this form?   | ?                      |              |                                   |                           |                  |                       | Combi<br>nonth | ned<br>ly income |
|                |                           | No.  |                        |              |                                   |                           |                  |                       |                |                  |
|                |                           | Yes Evolain  |                        |              |                                   |                           |                  |                       |                |                  |

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| Fill in this infor              | mation to identify yo                                       | ant case.              |   |   |  |                                  |   |  |
|---------------------------------|---|------------------------|---|---|--|----------------------------------|---|--|
|                                 |   |                        |   |   | Ch   | ook if this is:                  |   |  |
| Deptor 1                        | Memmodeli chabani   |                        |   |   | Check if this is:  An amended filing  A supplement showing postpetition chapte 13 expenses as of the following date: |                                  |   |  |
| Debtor 2<br>(Spouse, if filing) |   |                        |   |   |  |                                  |   |  |
| United States Ba                | nkruptcy Court for the                                      | : DISTRI               | CT OF NEW JERSEY  |   |  | MM / DD / Y                      | YYY   |  |
| Case number<br>(If known)       | 19-26762-A  | BA                     |   |   |  |                                  |   |  |
| Official F                      | orm 106J  |                        |   |   |  |                                  |   |  |
| Schedu                          | le J: Your  | Exper                  | ises  |   |  |                                  | 1   |  |
| Be as comple<br>information. If | te and accurate as  | possible<br>eded, atta | . If two married people ar<br>ich another sheet to this | e filing together, both<br>form. On the top of ar | n are eq<br>ny addi  | ually respons<br>tional pages, v | ible for supplying correct<br>write your name and case    |  |
|                                 | scribe Your House<br>oint case?                             | hold                   |   |   |  |                                  |   |  |
| I. Is this a j                  |   |                        |   |   |  |                                  |   |  |
| 35                              | oes Debtor 2 live   | in a separ             | ate household?  |   |  |                                  |   |  |
| _                               | No  |                        |   |   |  |                                  |   |  |
|                                 |   | st file Offici         | al Form 106J-2, <i>Expenses</i>                         | for Separate Househo                              | old of De  | ebtor 2                          |   |  |
| Do you h                        | ave dependents?   | □ No                   |   |   |  |                                  |   |  |
| Do not lis<br>Debtor 2.         | t Debtor 1 and  | Yes.                   | Fill out this information for each dependent            | Dependent's relation<br>Debtor 1 or Debtor 2      | ship to  | Depende<br>age                   | nt's Does dependent live with you?                        |  |
| Do not sta<br>depender          | ate the<br>ats names.                                       |                        |   | Daughter  |  | 15                               | □ No ■ Yes  |  |
|                                 |   |                        |   | C   |  | 17                               | □ No  |  |
|                                 |   |                        |   | Son   |  | 17                               | ■ Yes   |  |
|                                 |   |                        |   |   |  |                                  | □ Yes   |  |
|                                 |   |                        |   |   |  |                                  | □ No  |  |
|                                 |   | -                      |   |   |  |                                  | ☐ Yes   |  |
| expenses                        | expenses include<br>s of people other t<br>and your depende | han 🗀                  | No<br>Yes   |   |  |                                  |   |  |
|                                 | timate Your Ongoi   |                        |   |   |  |                                  |   |  |
|                                 | of a date after the   |                        |   |   |  |                                  | a Chapter 13 case to repore top of the form and fill in t |  |
| nclude exper                    | ses paid for with   | non-cash               | government assistance i                                 | f you know  |  |                                  |   |  |
| Official Form                   |   | a nave ind             | cluded it on Schedule I: )                              | our income  | 1000   | You                              | ır expenses   |  |
|                                 | al or home owners<br>and any rent for th                    |                        | nses for your residence. I<br>or lot.                   | nclude first mortgage                             | 4.   | \$                               | 1,679.03  |  |
| If not inc                      | luded in line 4:  |                        |   |   |  |                                  |   |  |
| 4a. Re                          | al estate taxes   |                        |   |   | 4a.  | \$                               | 0.00  |  |
|                                 | perty, homeowner's  | s, or renter           | 's insurance  |   | 4b.  |                                  | 0.00  |  |
|                                 | me maintenance, re  |                        |   |   | 4c.  |                                  | 0.00  |  |
|                                 | meowner's associal  |                        | dominium dues<br>our residence, such as ho              | mo oquity loops                                   | 4d.<br>5.  |                                  | 0.00  |  |
| . AUGITION:                     | ai moridade pavm  | erus for V             | aur residence, SBCn as DO                               | me eduliv ioans                                   | D  | d)                               | (1 (11)   |  |

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| Debtor 1 |                | Ali Nouri Moussavi   |                 |                     |   |
|----------|----------------|--|-----------------|---------------------|---|
| Debtor 2 | Mehrnoi        | ush Shabani  | Case num        | ber (if known)      |   |
| S: Util  | ities:         |  |                 |                     |   |
| 6a.      |                | , heat, natural gas  | 6a.             | \$                  | 260.00                                  |
| 6b.      |                | wer, garbage collection  | 6b.             | \$                  | 30.00                                   |
| 6c.      |                | e, cell phone, Internet, satellite, and cable services   | 6c.             |                     | 320.00                                  |
| 6d.      | Other, Sp      |  | 6d.             |                     | 0.00                                    |
|          |                | ekeeping supplies  | 7.              |                     | 800,00                                  |
|          |                | children's education costs   | 8.              |                     | 50.00                                   |
|          |                | dry, and dry cleaning  | 9.              |                     | 50.00                                   |
|          | -              | products and services  | 10.             |                     | 25.00                                   |
|          |                | ental expenses   | 11.             |                     | 0.00                                    |
|          |                | . Include gas, maintenance, bus or train fare.   |                 | Ψ                   | 0.00                                    |
|          | •              | ar payments.   | 12.             | \$                  | 180.00                                  |
|          |                | clubs, recreation, newspapers, magazines, and books  | 13.             | \$                  | 50.00                                   |
|          |                | tributions and religious donations   | 14.             |                     | 0.00                                    |
|          | urance.        |  |                 | · ,=====            | 0.00                                    |
|          |                | nsurance deducted from your pay or included in lines 4 or 20.  |                 |                     |   |
|          | . Life insura  |  | 15a.            | \$                  | 0.00                                    |
| 15b      | . Health ins   | surance  | 15b.            |                     | 298.00                                  |
| 15c      | . Vehicle in   | surance  | 15c.            | \$                  | 316.00                                  |
| 15d      | l. Other insu  | urance, Specify:   | 15d.            | \$                  | 0.00                                    |
|          |                | nclude taxes deducted from your pay or included in lines 4 or 20.  |                 | · =====             | 0.00                                    |
|          | ecify:         | relace taxes accepted from your pay or more accept from the contract of the co | 16.             | \$                  | 0.00                                    |
| 7. Inst  | tallment or I  | ease payments:   |                 |                     |   |
|          |                | ents for Vehicle 1   | 17a.            | \$                  | 310.00                                  |
| 17b      | . Car paym     | ents for Vehicle 2   | 17b.            | \$                  | 0.00                                    |
| 17c      | . Other Sp     | ecify:   | 17c.            | \$                  | 0.00                                    |
|          | l. Other. Sp   | •  | 17d.            |                     | 0.00                                    |
|          |                | of alimony, maintenance, and support that you did not report   |                 | · ·                 | -                                       |
|          |                | your pay on line 5, Schedule I, Your Income (Official Form 106   |                 | \$                  | 0.00                                    |
|          |                | s you make to support others who do not live with you.   | -7-             | \$                  | 0.00                                    |
|          | ecify:         |  | 19.             |                     |   |
| O: Oth   | er real prop   | perty expenses not included in lines 4 or 5 of this form or on S   | chedule I: Yo   | our Income.         |   |
| 20a      | . Mortgage     | s on other property  | 20a.            | \$                  | 0.00                                    |
| 20b      | . Real esta    | te taxes   | 20b.            | \$                  | 0.00                                    |
| 20c      | . Property,    | homeowner's, or renter's insurance   | 20c2            | \$                  | 0.00                                    |
|          |                | nce, repair, and upkeep expenses   | 20d.            | \$                  | 0.00                                    |
|          |                | ner's association or condominium dues  | 20e             | \$                  | 0.00                                    |
|          | er: Specify:   |  |                 | +\$                 | 25.00                                   |
| i ou     | ion opcony.    | Student Loan   |                 |                     | 23.00                                   |
|          |                | monthly expenses   |                 |                     |   |
|          | ı. Add lines 4 | · ·  |                 | \$                  | 4,393.03                                |
| 22b      | . Copy line 2  | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-   | -2              | \$                  |   |
| 220      | . Add line 22  | a and 22b. The result is your monthly expenses.  |                 | \$                  | 4,393.03                                |
|          |                |  |                 |                     | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|          | •              | monthly net income.  |                 |                     |   |
|          |                | 12 (your combined monthly income) from Schedule I.   | 23a.            |                     | 4,469.32                                |
| 23b      | Copy you       | r monthly expenses from line 22c above.  | 23b.            | -\$                 | 4,393.03                                |
|          |                |  |                 |                     |   |
| 230      |                | your monthly expenses from your monthly income.  | 23c.            | \$                  | 76.29                                   |
|          | The result     | t is your monthly net income.  | 230,            | Ψ                   | 10.23                                   |
| 4 Dc     | VOIL OVESCA    | an increase or decrease in your synapses within the vess offe  | rvou filo this  | form?               |   |
| For      | example do vi  | an increase or decrease in your expenses within the year after<br>ou expect to finish paying for your car loan within the year or do you expect  | r you me this   | payment to increase | or decrease because of a                |
|          |                | terms of your mortgage?  | , - 2, 5, 19490 | ,o to moreade       |   |
|          | No.            |  |                 |                     |   |
|          | Yes.           | Explain here:  |                 |                     |   |
|          | I CS.          | Explain here.  |                 |                     |   |

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| Fill in this infor  | mation to identify your c  | ase:                  |   | 100 Page 17  |                             |
|---------------------|--|-----------------------|---|--|-----------------------------|
| Debtor 1            | Abbas Ali Nouri M  | oussavi               |   |  |                             |
|                     | First Name   | Middle Name           | Last Name   |  |                             |
| Debtor 2            | Mehrnoush Shaba  |                       |   |  |                             |
| (Spouse if, filing) | First Name   | Middle Name           | Last Name   |  |                             |
| United States Ba    | ankruptcy Court for the:   | DISTRICT OF NEW J     | ERSEY   |  |                             |
| Case number         | 19-26762-ABA   |                       |   |  |                             |
| (if known)          | 1) 20/02 115/1   |                       |   | ☐ Check if the   | his is an                   |
|                     |  |                       |   | amended  | filing                      |
|                     |  |                       | onsible for supplying corre                               |  | 12/15                       |
| obtaining money     | is form whenever you file<br>y or property by fraud in<br>I8 U.S.C. §§ 152, 1341, 15 | connection with a ba  | es or amended schedules. I<br>nkruptcy case can result in | Making a false statement, concealing p<br>fines up to \$250,000, or imprisonment | roperty, or<br>for up to 20 |
| Sig                 | n Below  |                       |   |  |                             |
| Did you pa          | ay or agree to pay some  | one who is NOT an att | orney to help you fill out ba                             | nkruptcy forms?  |                             |
| ■ No                |  |                       |   |  |                             |
| ☐ Yes.              | Name of person   |                       |   | Attach Bankruptcy Petition Prepa<br>Declaration, and Signature (Office           |                             |

Abbas Ali Nouri Moussavi

Signature of Debtor 1

Date 97.26-19

Menrnoush Shabani Signature of Debtor 2

Date 07, 26.19

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| Fill        | in this info               | ormation to identify you                             | ır case:  | 1.77                          | n. V. Y. 18.17                           | 3.40   |   |
|-------------|----------------------------|--|---|-------------------------------|--|--|---|
| Deb         | otor 1                     | Abbas Ali Nouri                                      | Moussavi  |                               |  |  |   |
| Dek         | otor 2                     | First Name   | Middle Name   | - L                           | ast Name                                 |  |   |
|             | use if, filing)            | Mehrnoush Sha<br>First Name                          | Middle Name   | Ĺ                             | asl Name                                 |  |   |
| Uni         | ted States I               | Bankruptcy Court for the:                            | DISTRICT OF NEW JER   | RSEY                          |  |  |   |
| Cas         | e number                   | 19-26762-ABA   |   |                               |  |  | 42  |
| (if kn      | own)                       |  |   |                               |  | _  | Check if this is an<br>amended filing                 |
| ∩f          | ficial E                   | orm 107  |   |                               |  |  |   |
|             |                            |  | Affairs for Indivi  | duals                         | Filing for E                             | Bankruptcy   | 4/16  |
| info        | rmation. If<br>ber (if kno | more space is needed<br>wn). Answer every que        | , attach a separate sheet to  | this forn                     | n. On the top of an                      | equally responsible for sup<br>y additional pages, write yo        | oplying correct<br>ur name and case                   |
|             |                            | our current marital stati                            |   | o Elvou E                     |  |  |   |
|             | ■ Marrie □ Not m           | ed<br>arried   |   |                               |  |  |   |
| 2.          | During the                 | e last 3 years, have you                             | lived anywhere other than   | where y                       | ou live now?                             |  |   |
|             | ■ No                       |  | •   | -                             |  |  |   |
|             |                            | ist all of the places you                            | lived in the last 3 years. Do n   | ot include                    | where you live nov                       | ı.   |   |
|             | Debtor 1                   | Prior Address:                                       | Dates Debtor 1 lived there  |                               | Debtor 2 Prior Ac                        | Idress:  | Dates Debtor 2<br>lived there                         |
| 3.<br>state | Within the<br>s and territ | last 8 years, did you e<br>ories include Arizona, Ca | ver live with a spouse or le<br>lifornia, Idaho, Louisiana, Ne                            | <b>gal equiv</b><br>evada, Ne | valent in a commur<br>w Mexico, Puerto R | ity property state or territor<br>ico, Texas, Washington and V     | y? (Community property<br>Visconsin.)                 |
|             | ■ No                       |  |   |                               |  |  |   |
|             | ☐ Yes. I                   | Make sure you fill out Sci                           | nedule H: Your Codebtors (O   | fficial For                   | m 106H).                                 |  |   |
| Par         | 2 Ехр                      | ain the Sources of You                               | r Income  |                               |  |  |   |
|             | Fill in the to             | otal amount of income yo                             | nployment or from operatir<br>u received from all jobs and<br>have income that you receiv | all busine                    | sses, including part                     | ear or the two previous cale<br>time activities.<br>ider Debtor 1, | ndar years?   |
|             | □ No<br>■ Yes. F           | Fill in the details.                                 |   |                               |  |  |   |
|             |                            |  | Debtor 1  |                               |  | Debtor 2   |   |
|             |                            |  | Sources of income<br>Check all that apply.  |                               | s income<br>e deductions and<br>sions)   | Sources of income<br>Check all that apply.                         | Gross income<br>(before deductions<br>and exclusions) |
|             |                            | 1 of current year until<br>led for bankruptcy:       | ■ Wages, commissions, bonuses, tips   |                               | \$17,050.00                              | ■ Wages, commissions, bonuses, tips                                | \$12,200.00   |
|             |                            |  | ☐ Operating a business  |                               |  | ☐ Operating a business   |   |

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| ebtor 2 N                    | lehrnoush Sha   | Dani  | Cast   | e number (if known)  |  |
|------------------------------|---|---|--|--|--|
|                              |   |   |  |  |  |
|                              |   | Debtor 1  |  | Debtor 2   |  |
|                              |   | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions<br>and exclusions)  |
| or last cale<br>January 1 to | ndar year:<br>o December 31,  | 2018) Wages, commissions, bonuses, tips   | \$23,221.00  | ■ Wages, commissions, bonuses, tips  | \$20,897.00  |
|                              |   | ☐ Operating a business  |  | ☐ Operating a business   |  |
|                              | ndar year before<br>o December 31,  |   | \$14,731.00  | ■ Wages, commissions, bonuses, tips  | \$19,788.00  |
|                              |   | Operating a business  |  | ☐ Operating a business   |  |
| ■ No                         |   |   |  |  |  |
| _ `                          | s. Fill in the details  | Debtor 1 Sources of income Describe below.  | Gross income from each source (hefore deductions and   | Debtor 2<br>Sources of income<br>Describe below.   | Gross income (before deductions and exclusions)  |
| _ `                          | s. Fill in the details  | Debtor 1<br>Sources of income   |  | Sources of income  |  |
| □ Yes                        |   | Debtor 1<br>Sources of income   | each source<br>(before deductions and<br>exclusions)   | Sources of income  | (before deductions   |
| Yes                          | st Certain Paym<br>er Debtor 1's or<br>Neither Debto  | Debtor 1 Sources of income Describe below.  | each source (before deductions and exclusions)  r Bankruptcy  er debts?  sumer debts. Consumer debts   | Sources of income<br>Describe below.   | (before deductions and exclusions)   |
| ☐ Yes                        | st Certain Paymer<br>er Debtor 1's or<br>Neither Debto<br>individual prim<br>During the 90  | Debtor 1 Sources of income Describe below.  ents You Made Before You Filed fo Debtor 2's debts primarily consum or 1 nor Debtor 2 has primarily cons arily for a personal, family, or househ days before you filed for bankruptcy,  | each source (before deductions and exclusions)  r Bankruptcy  er debts? sumer debts. Consumer debts old purpose."  | Sources of income Describe below.  | (before deductions and exclusions)   |
| ☐ Yes                        | st Certain Paymer Debtor 1's or Neither Debtor individual prim During the 90  | Debtor 1 Sources of income Describe below.  Debtor 2's debts primarily consum or 1 nor Debtor 2 has primarily cons arily for a personal, family, or househ days before you filed for bankruptcy, to to line 7. St below each creditor to whom you p   | each source (before deductions and exclusions)  r Bankruptcy  er debts? sumer debts. Consumer debts old purpose."  did you pay any creditor a tota aid a total of \$6,425* or more intents for domestic support obligen  | Sources of income Describe below.  s are defined in 11 U.S.C. § 10  I of \$6,425* or more?  n one or more payments and   | (before deductions and exclusions)  01(8) as "incurred by a the total amount you                       |
| ☐ Yes                        | st Certain Paymer Debtor 1's or Neither Debtor individual prim  During the 90  No. G  Yes Liepand   | Debtor 1 Sources of income Describe below.  Debtor 2's debts primarily consum or 1 nor Debtor 2 has primarily cons arily for a personal, family, or househ days before you filed for bankruptcy, to to line 7. St below each creditor to whom you p   | each source (before deductions and exclusions)  r Bankruptcy  er debts? sumer debts. Consumer debts old purpose."  did you pay any creditor a tota aid a total of \$6,425* or more intents for domestic support oblighthis bankruptcy case.  | Sources of income Describe below.  s are defined in 11 U.S.C. § 10  I of \$6,425* or more?  n one or more payments and pations, such as child support                                    | (before deductions and exclusions)  01(8) as "incurred by a the total amount you and alimony. Also, do |
| ☐ Yes                        | er Debtor 1's or Neither Debtor individual prim During the 90 No. G Yes Light * Subject to a  | Debtor 1 Sources of income Describe below.  Debtor 2's debts primarily consum or 1 nor Debtor 2 has primarily consum arily for a personal, family, or househ days before you filed for bankruptcy, to to line 7.  Set below each creditor to whom you p hid that creditor. Do not include payment of tinclude payments to an attorney for   | each source (before deductions and exclusions)  r Bankruptcy  er debts? sumer debts. Consumer debts old purpose."  did you pay any creditor a tota aid a total of \$6,425* or more if ents for domestic support oblig this bankruptcy case. ars after that for cases filed on sumer debts. | Sources of income Describe below.  s are defined in 11 U.S.C. § 10  I of \$6,425* or more?  In one or more payments and lations, such as child support or after the date of adjustments. | (before deductions and exclusions)  01(8) as "incurred by a the total amount you and alimony. Also, do |
| ☐ Yes                        | er Debtor 1's or Neither Debtor Individual prime During the 90 No. Good Yes Lice Particular Subject to a second of the 90 During the 90 During the 90 | Debtor 1 Sources of income Describe below.  Debtor 2's debts primarily consum or 1 nor Debtor 2 has primarily consum or 1 nor Debtor 2 no both have primarily consum or 2 nor Debtor 3 nor | each source (before deductions and exclusions)  r Bankruptcy  er debts? sumer debts. Consumer debts old purpose."  did you pay any creditor a tota aid a total of \$6,425* or more if ents for domestic support oblig this bankruptcy case. ars after that for cases filed on sumer debts. | Sources of income Describe below.  s are defined in 11 U.S.C. § 10  I of \$6,425* or more?  In one or more payments and lations, such as child support or after the date of adjustments. | (before deductions and exclusions)  01(8) as "incurred by a the total amount you and alimony. Also, do |

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| Moussavi<br>bani   | Ca   | se number (if known)   |  |
|--|--|--|--|
| ves; any general partners; relatives<br>, director, person in control, or owne | of any general partners; partn<br>r of 20% or more of their votir  | erships of which you   | ou are a general partner; corporations<br>ny managing agent, including one for   |
| s to an insider,   |  |  |  |
| ress Dates of payr   | nent Total amount paid   | Amount you still owe   | Reason for this payment  |
|  |  | any property on a  | ccount of a debt that benefited an   |
|  |  |  |  |
| s to an insider  |  |  |  |
| ress Dates of payr   | nent Total amount<br>paid  | Amount you still owe   | Reason for this payment Include creditor's name  |
| ons, Repossessions, and Foreclos   | sures  |  |  |
| ling personal injury cases, small cla<br>disputes.                             |  |  |  |
|  | case Court or agency   |  | Status of the case   |
| N.A. v.  | Jersey<br>Atlantic Coun<br>Chancery Divi<br>1201 Bacharae  | ty<br>sion<br>ch Blvd.   | ☐ Pending ☐ On appeal ■ Concluded  |
|  | Jersey<br>Atlantic Coun<br>Law Division-S<br>Part<br>1201 Bacharae   | ty<br>Special Civil<br>ch Blvd.  | ☐ Pending ☐ On appeal ■ Concluded  |
| obasali Collection   | Jersey<br>Atlantic Coun<br>Law Division-S<br>Part<br>1201 Bacharae   | ty<br>Special Civil<br>ch Blvd.  | ☐ Pending ☐ On appeal ■ Concluded  |
| in the details below.  | our property repossessed,  | foreclosed, garnis   | shed, attached, seized, or levied?   |
| ress Describe the  | Property   | Date   | Value of the   |
|  |  |  | property   |
|  | filed for bankruptcy, did you make ves; any general partners; relatives of director, person in control, or owner a sole proprietor. 11 U.S.C. § 101. It is to an insider.  The second of | filled for bankruptcy, did you make a payment on a debt you wes; any general partners; relatives of any general partners; part | filed for bankruptcy, did you make a payment on a debt you owed anyone who wes; any general partners; relatives of any general partners; partnerships of which you director, person in control, or owner of 20% or more of their voting securities, and a a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligation as sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligation as sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligation as sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligation of a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligation of a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligation of a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligation of sole payment paid.  Total amount pour still owe still ow |

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| Debto  | Mehrnoush Shabani  | Case number  | (if known)               |                          |
|--------|--|--|--------------------------|--------------------------|
| C      | Creditor Name and Address  | Describe the Property  | Date                     | Value of the property    |
| 5      | Synchrony Bank   | Explain what happened  Bank account  | 8/30/19                  | Unknown                  |
|        |  | <ul> <li>□ Property was repossessed.</li> <li>□ Property was foreclosed.</li> <li>□ Property was garnished.</li> <li>■ Property was attached, seized or levied.</li> </ul> |                          |                          |
| _      | Name of Paris  |  | 0/40                     |                          |
| ı      | Discover Bank  | Wage garnishment  ☐ Property was repossessed.  | 6/19                     | Unknown                  |
|        |  | ☐ Property was foreclosed, ■ Property was garnished.   |                          |                          |
|        |  | ☐ Property was attached, seized or levied.   |                          |                          |
|        | lithin 90 days before you filed for bant<br>ccounts or refuse to make a payment<br>■ No<br>■ Yes. Fill in the details.           | kruptcy, did any creditor, including a bank or financial in<br>because you owed a debt?  | stitution, set off any   | amounts from your        |
| C      | Creditor Name and Address  | Describe the action the creditor took  | Date action was taken    | Amount                   |
|        | /ithin 1 year before you filed for bankr<br>ourt-appointed receiver, a custodian,  | uptcy, was any of your property in the possession of an or another official?   | assignee for the ben     | efit of creditors, a     |
|        | No<br>Yes  |  |                          |                          |
| Part 5 | List Certain Gifts and Contribution  | ns   |                          |                          |
| 3. W   | No   | ruptcy, did you give any gifts with a total value of more t  | han \$600 per person     | ?                        |
| _      | Yes. Fill in the details for each gift.  |  | _                        |                          |
|        | Gifts with a total value of more than \$6<br>per person  | Describe the gifts   | Dates you gave the gifts | Value                    |
|        | Person to Whom You Gave the Gift and Address:  | d  |                          |                          |
| 4: W   | No   | cruptcy, did you give any gifts or contributions with a total  | al value of more than    | \$600 to any charity?    |
| n      | Gifts or contributions to charities that<br>nore than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Co | total Describe what you contributed  | Dates you contributed    | Value                    |
| Part 6 | List Certain Losses  |  |                          |                          |
|        | /ithin 1 year before you filed for bankr<br>r gambling?  | uptcy or since you filed for bankruptcy, did you lose any  | thing because of the     | ft, fire, other disaster |
|        | No Yes. Fill in the details.   |  |                          |                          |
|        | Describe the property you lost and   | Describe any insurance coverage for the loss   | Date of your             | Value of property        |
| h      | now the loss occurred  | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  | loss                     | lost                     |

Debtor 1 Abbas Ali Nouri Moussavi

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|     | tor 1 Abbas Ali Nouri Moussavi tor 2 Mehrnoush Shabani   |   | Case                                   | number (if known)   |   |
|-----|--|---|--|---|---|
| Par | 17: List Certain Payments or Transfers   |   |  |   |   |
| 6.  | Within 1 year before you filed for bankruptcy, consulted about seeking bankruptcy or prepailingled any attorneys, bankruptcy petition prepare  | ring a bankruptcy p                           | etition?                               |   | erty to anyone you                            |
|     | □ No   |   |  |   |   |
|     | Yes. Fill in the details.  |   |  |   |   |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You  | Description and transferred                   | value of any property                  | Date payment<br>or transfer was<br>made                                 | Amount of payment                             |
|     | Youngblood, Franklin, Sampoli &<br>Coombs,<br>1201 New Road<br>Suite 230<br>Linwood, NJ 08221  | Attorney Fees                                 |  | 10/1/18   | \$1,810.00                                    |
|     | CC Advising, Inc.  | Credit Counse                                 | eling                                  | 6/13/19   | \$19.52                                       |
|     | Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors  Do not include any payment or transfer that you li  No  Yes. Fill in the details.  | or to make paymen                             |  | ,   | ,   |
|     | Person Who Was Paid<br>Address   | Description and transferred                   | value of any property                  | Date payment<br>or transfer was<br>made                                 | Amount of<br>payment                          |
|     | Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus include both outright transfers and transfers made include gifts and transfers that you have already line.  No Yes. Fill in the details. | iness or financial a<br>e as security (such a | ffairs?<br>s the granting of a securit |   |   |
|     | Person Who Received Transfer<br>Address<br>Person's relationship to you  | Description and property transfe              | erred pa                               | escribe any property or<br>ayments received or debts<br>aid in exchange | Date transfer was made                        |
|     | Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-prote  No  Yes. Fill in the details.   |   | any property to a self-se              | ettled trust or similar device  | of which you are a                            |
|     | Name of trust  | Description and                               | I value of the prope <b>rt</b> y t     | ransferred  | Date Transfer was made                        |
| Dar | t 8: List of Certain Financial Accounts, Instr   | ruments Safe Deno                             | sit Boyes and Storage                  | Unite   |   |
| 0,  | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, association.  | were any financial a                          | accounts or instrument                 | s held in your name, or for y   |   |
|     | Yes. Fill in the details.  |   |  |   |   |
|     |  | ast 4 digits of account number                | Type of account or instrument          | Date account was<br>closed, sold,<br>moved, or<br>transferred           | Last balance<br>before closing or<br>transfer |

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|                     | Abbas Ali Nouri Moussavi<br>Mehrnoush Shabani  |  |  | Case nu    | umber (if known)                                     |   |
|---------------------|--|--|--|------------|--|---|
|                     | e of Financial Institution and<br>ess (Number, Street, City, State and ZIP   | Last 4 digits of account number  | Type of accinstrument                        |            | Date account was closed, sold, moved, or transferred | Last balance<br>before closing o<br>transfe |
| 975                 | an First Bank<br>Hooper Ave.<br>s River, NJ 08753  | XXXX-9840  | Checking Savings Money M Brokerag            | larket     | 9/7/18   | \$253.69                                    |
|                     | ou now have, or did you have within 1<br>or other valuables?   | year before you filed f  | or bankruptcy,                               | any safe d | leposit box or other depo                            | ository for securities,                     |
| _                   | No<br>Yes. Fill in the details.  |  |  |            |  |   |
|                     | e of Financial Institution<br>'ess (Number, Street, City, State and ZIP Code)  | Who else had a Address (Number State and ZIP Code)                                     |  | Describ    | e the contents                                       | Do you still have it?                       |
| Ocea                | an First Bank  | Debtors  |  | Jewelr     | у  | □ No<br>■ Yes                               |
| . Have              | you stored property in a storage unit  | or place other than vo   |  |            |  |   |
| □ Y                 | Yes. Fill in the details. e of Storage Facility ess (Number, Street, City, State and ZIP Code)   | Who else has o<br>to it?<br>Address (Number<br>State and ZIP Code)                     | r had access                                 |            | ore you filed for bankrup                            | Do you still have it?                       |
| □ Y<br>Name<br>Addr | e of Storage Facility  | Who else has o<br>to it?<br>Address (Number<br>State and ZIP Code)                     | r had access                                 |            |  | Do you still                                |
| Name Addr           | Yes. Fill in the details. e of Storage Facility ess (Number, Street, City, State and ZIP Code)   | Who else has o<br>to it?<br>Address (Number<br>State and ZIP Code)<br>for Someone Else | r had access                                 | Describ    | e the contents                                       | Do you still have it?                       |
| Name Addr           | Yes. Fill in the details.  e of Storage Facility  ess (Number, Street, City, State and ZIP Code)  Identify Property You Hold or Contro  ou hold or control any property that so meone. | Who else has o<br>to it?<br>Address (Number<br>State and ZIP Code)<br>for Someone Else | r had access r, Street, City, clude any prop | Describ    | e the contents                                       | Do you still have it?                       |

- toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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|                            |  | Document 1 age 42 0  | 1 30                                  |                         |
|----------------------------|--|--|---------------------------------------|-------------------------|
|                            | as Ali Nouri Moussavi<br>noush Shabani                     |  | Case number (if known)                |                         |
|                            |  |  | -                                     |                         |
| 24. Has any gov            | ernmental unit notified yo                                 | ou that you may be liable or potentially lial                    | ble under or in violation of an env   | ironmental law?         |
| ■ No                       |  |  |                                       |                         |
| ☐ Yes. Fil                 | l in the details.  |  |                                       |                         |
| Name of sit<br>Address (Nu | e<br>umber, Street, City, State and ZIP C                  | Governmental unit Address (Number, Street, City, State ZIP Code) | Environmental law, if you and know it | Date of notice          |
| 5. Have you no             | tified any governmental u                                  | init of any release of hazardous material?                       |                                       |                         |
| ■ No                       |  |  |                                       |                         |
| ☐ Yes. Fil                 | l in the details.  |  |                                       |                         |
| Name of sit<br>Address (No | e<br>mber, Street, City, State and ZIP C                   | Governmental unit Address (Number, Street, City, State ZIP Code) | Environmental law, if you know it     | Date of notice          |
| 6. Have you be             | en a party in any judicial o                               | or administrative proceeding under any er                        | nvironmental law? Include settlen     | nents and orders.       |
| _                          | , , ,  |  |                                       |                         |
| ■ No<br>□ Vos Fil          | I in the details.  |  |                                       |                         |
| Case Title                 | ini the details.   | Court or agency  | Nature of the case                    | Status of the           |
| Case Numb                  | er   | Name Address (Number, Street, City, State and ZIP Code)          | nature of the case                    | case                    |
| Part 11: Give F            | Actails About Vour Rusino                                  | ss or Connections to Any Business                                |                                       |                         |
|                            |  |  |                                       |                         |
|                            |  | nkruptcy, did you own a business or have                         |                                       | to any business?        |
| _                          |  | oyed in a trade, profession, or other activi                     |                                       |                         |
| _                          |  | company (LLC) or limited liability partner                       | ship (LLP)                            |                         |
| ∐ A pa                     | rtner in a partnership                                     |  |                                       |                         |
| ☐ An o                     | fficer, director, or managi                                | ng executive of a corporation                                    |                                       |                         |
| ☐ An o                     | wner of at least 5% of the                                 | voting or equity securities of a corporation                     | on                                    |                         |
| No. Nor                    | ne of the above applies. G                                 | o to Part 12.  |                                       |                         |
| ☐ Yes. Ch                  | eck all that apply above a                                 | nd fill in the details below for each busine                     | ess.                                  |                         |
| Business N                 | ame  | Describe the nature of the busines                               |                                       |                         |
| Address<br>(Number, Stree  | t, City, State and ZIP Code)                               | Name of accountant or bookkeepe                                  | Do not include Social Sec             | curity number or ITIN.  |
|                            |  |  | Dates business existed                |                         |
|                            | rs before you filed for ban<br>creditors, or other parties | ıkruptcy, did you give a financial statemer<br>                  | nt to anyone about your business      | ? Include all financial |
| ■ No                       |  |  |                                       |                         |
| _                          | I in the details below.                                    |  |                                       |                         |
| Name                       |  | Date Issued  |                                       |                         |
| Address<br>(Number, Street | t. City. State and ZIP Code)                               |  |                                       |                         |

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| Debtor 1    | Abbas Ali Nouri Moussavi                 |  |   |
|-------------|--|--|---|
| Debtor 2    | Mehrnoush Shabani                        |  | Case number (if known)                                    |
| Part 12:    | Sign Below                               |  |   |
| I house roo | d the enemore on this Statement of Ein   | annoial Affaire and any attachments    | , and I declare under penalty of perjury that the answers |
|             |  |  | ty, or obtaining money or property by fraud in connection |
|             | nkruptcy case can result in fines up to  | , , ,                                  |   |
| 18 U.S.C.   | §§ 152, 1341, 1519, and 3571.            |  |   |
| /s/ Abba    | as Ali Nouri Moussavi                    | /s/ Mehrnoush Shaban                   | İ   |
| Abbas A     | Ali Nouri Moussavi                       | Mehrnoush Shabani                      |   |
|             | e of Debtor 1                            | Signature of Debtor 2                  |   |
| Date        |  | Date                                   |   |
| Did you a   | ttach additional pages to Your Stateme   | ent of Financial Affairs for Individua | Is Filing for Bankruptcy (Official Form 107)?             |
| III No      |  |  |   |
| ☐ Yes       |  |  |   |
| Did you p   | ay or agree to pay someone who is not    | t an attorney to help you fill out bar | kruptcy forms?  |
| ■ No        |  |  |   |
| ☐ Yes. N    | ame of Person Attach the <i>Bankru</i> , | ptcy Petition Preparer's Notice, Decla | ration, and Signature (Official Form 119).                |

Official Form 107

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapte | r 7:  | Liquidation        |
|--------|-------|--------------------|
|        | \$245 | filing fee         |
|        | \$75  | administrative fee |
| +      | \$15  | trustee surcharge  |
|        | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans:

domestic support and property settlement obligations;

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most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

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#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-26762-ABA Doc 14 Filed 09/13/19 Entered 09/13/19 14:57:52 Desc Main Document Page 48 of 58

### United States Bankruptcy Court District of New Jersey

In re Mehrnoush Shabani

Case No.

19-26762-ABA

Debtor(s)

Chapter

13

#### VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 07-26-19

Abbas Ali Nouri Moussay

Signature of Debtor

Date: 67 26 19

Mehrnoush Shabani Signature of Debtor American Express PO Box 297858 Fort Lauderdale, FL 33329

American Express PO Box 981537 El Paso, TX 79998

Amex Department Stores PO Box 8218 Mason, OH 45040

Amex/DSNB PO Box 8218 Mason, OH 45040

Bank of America PO Box 26249 Tampa, FL 33623-6249

Bank of America PO Box 15019 Wilmington, DE 19886-5019

Bank of America PO Box 982238 El Paso, TX 79998

Barclay's Bank Delaware PO Box 8803 Wilmington, DE 19899-8803

Best Buy Credit Services PO Box 9001007 Louisville, KY 40290-1007

Capital Collections PO Box 150 West Berlin, NJ 08091

Capital One PO Box 30285 Salt Lake City, UT 84130-0285 Carrington Mortgage Services P.O. Box 54285 Irvine, CA 92619-4285

Chase Bank USA PO Box 15298 Wilmington, DE 19850

Chase Card PO Box 15298 Wilmington, DE 19850

CHOP Urgent Care 1925 Pacific Ave Atlantic City, NJ 08401

Citi Cards PO Box 6241 Sioux Falls, SD 57104

Citibank PO Box 6241 Sioux Falls, SD 57117-6241

Comenity Bank Bankruptcy Department PO Box 182125 Columbus, OH 43218-2125

Comenity/Victorias Secret PO Box 182789 Columbus, OH 43218

Discover PO Box 3008 New Albany, OH 43054

Discover Financial Services PO Box 15316 Wilmington, DE 19850-5316

DSNB Macys PO Box 8218 Mason, OH 45040 Erin A. Novak, Esq.
Montgomery, McCracken, Walker & Rhoads
Libert View, Suite 600
457 Haddonfield Rd.
Cherry Hill, NJ

FED Loan Servicing PO Box 60610 Harrisburg, PA 17106

Fein, Such, Kahn & Shepard, LLC 7 Century Drive Suite 201 Parsippany, NJ 07054

Gatestone & Co. International Inc. 1000 N. West Streeet Suite 1200 Wilmington, DE 19801

IC System, Inc. P.O. Box 64378 Saint Paul, MN 55164-0378

JP Morgan Chase Bank PO Box 469030 Denver, CO 80246

Mariam X. Fatima, Esq Pressler, Felt & Warshaw 7 Entin Rd. Parsippany, NJ 07054

Medical One 4248 Harbour Beach Blvd Brigantine, NJ 08203

MRS BPO LLC 1930 Olney Ave Cherry Hill, NJ 08003

Nissan-Infiniti 8900 Freeport Pkwy Irving, TX 75063 NJHMFA 637 S. Clinton Ave. PO Box 18550 Trenton, NJ 08650-2085

PNC Bank
PO Box 856177
Louisville, KY 40285-6177

Sears Credit Cards PO Box 78051 Phoenix, AZ 85062-8051

Selip & Stylianou LLP 10 Forest Avenue Suite 300 Paramus, NJ 07652

Sungevity, Inc. 55 Harrison St. Floor 3 Oakland, CA 94607

Sunrise Credit Services, Inc PO Box 9100 Farmingdale, NY 11735-9100

Sunrun, Inc. PO Box 4387 Portland, OR 97208

Sunrun, Inc. 595 Market St. 29th Floor San Francisco, CA 94105

SYNCB/Ashley Homestores PO Box 965001 Orlando, FL 32896

SYNCB/Home PO Box 965036 Orlando, FL 32896 SYNCB/JC Penney Attn: Bankruptcy Dept. PO Box 965064 Orlando, FL 32896-5064

SYNCB/Sams Club PO Box 965005 Orlando, FL 32896

Synchrony Bank 170 Election Road STE 125 Draper, UT 84020

TD Bank 32 Chestnut St. Lewiston, ME 04240

TD Bank USA/Target PO Box 673 Minneapolis, MN 55440

The Home Depot/CBSD PO Box 6497 Sioux Falls, SD 57117-6497

Univest PO Box 790408 Saint Louis, MO 63179-0408

US Bank/Elan Financial Services PO Box 108 Saint Louis, MO 63166

Wilmington Savings Fund Society 1600 South Douglass Road Suite 200-A Anaheim, CA 92806

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| Fill in this in     | formation to id | entify your case:              | BUCK Y    | 11 |
|---------------------|-----------------|--------------------------------|-----------|----|
| Debtor 1            | Abbas Ali N     | ouri Moussavi                  |           |    |
|                     | First Name      | Middle Name                    | Last Name |    |
| Debtor 2            | Mehrnoush       | Shabani                        |           |    |
| (Spouse, if filing) | First Name      | Middle Name                    | Last Name |    |
| United States       |                 | for the: District of New Jerse | у         |    |
| Case number         | 19-26/6         | 62-ABA                         |           |    |
|                     |                 |                                |           |    |

| Check as directed in lines 17 and 21: |   |  |  |  |  |  |  |
|---------------------------------------|---|--|--|--|--|--|--|
|                                       | ding to the calculations required by tatement:                      |  |  |  |  |  |  |
| <b>1</b> .                            | Disposable income is not determined under 11 U.S.C. § 1325(b)(3).   |  |  |  |  |  |  |
| 2.                                    | Disposable income is determined under 11 U.S.C. § 1325(b)(3).       |  |  |  |  |  |  |
|                                       | The commitment period is 3 years. The commitment period is 5 years. |  |  |  |  |  |  |
| C                                     | neck if this is an amended filing                                   |  |  |  |  |  |  |

### Official Form 122C-1

# Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| P  | Calculate Your Average Monthly Income  | <u> </u>            |                     |               |       |        |                             |        |  |
|----|--|---------------------|---------------------|---------------|-------|--------|-----------------------------|--------|--|
| 1, | What is your marital and filing status? Check one only.  Not married. Fill out Column A, lines 2-11.  Married. Fill out both Columns A and B, lines 2-11.  |                     |                     |               |       |        |                             |        |  |
|    | Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. |                     |                     |               |       |        |                             |        |  |
|    |  |                     |                     |               | Colum |        | Colum<br>Debtor<br>non-fili |        |  |
| 2. | Your gross wages, salary, tips, bonuses, overtime, and payroll deductions).  | commission          | s (before all       |               | \$_2, | 842.20 | \$ <u>2</u> ,               | 033.51 |  |
| 3. | Alimony and maintenance payments. Do not include pay   | ments from a        | spouse.             |               | \$    | 0.00   | \$                          | 0.00   |  |
| 4. | 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.   |                     |                     |               |       | 0.00   | \$                          | 0.00   |  |
| 5. | Net income from operating a business, profession, or farm  | Debtor 1<br>\$ 0.00 | Debtor 2<br>\$ 0.00 |               |       |        |                             |        |  |
|    | Gross receipts (before all deductions)   | \$ 0.00             | \$_0.00             |               |       |        |                             |        |  |
|    | Ordinary and necessary operating expenses  | _ \$ <u>0.00</u>    | _ \$_0.00           |               |       |        |                             |        |  |
|    | Net monthly income from a business, profession, or farm  | \$_0.00             | \$_0.00             | Copy<br>here  | \$    | 0.00   | \$                          | 0.00   |  |
| 6. | Net income from rental and other real property   | Debtor 1            | Debtor 2            |               |       |        |                             |        |  |
|    | Gross receipts (before all deductions)   | \$ 0.00             | \$ 0.00             |               |       |        |                             |        |  |
|    | Ordinary and necessary operating expenses  | - \$_0.00           |                     |               |       |        |                             |        |  |
|    | Net monthly income from rental or other real property  | \$_0.00             | \$ 0.00             | Copy<br>here→ | \$    | 0.00   | \$                          | 0.00   |  |

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| D   | Pebtor 1                  | Abbas Ali Nouri Moussavi First Name Middle Name Last Nam   | e   | <u></u>                                 | Case             | number <i>yr known</i> | )                                       |              |     |   |
|-----|---------------------------|--|---|---|------------------|------------------------|---|--------------|-----|---|
|     |                           |  |   |   | Column<br>Debtor |                        | Column<br>Debtor :                      |              |     |   |
| 7.  | Interest, d               | ividends, and royalties  |   |   | \$               | 0.00                   | \$                                      | 0.00         |     |   |
| 8.  | Unemploy                  | ment compensation  |   |   | \$               | 0.00                   | \$                                      | 0.00         |     |   |
|     |                           | er the amount if you contend that the am<br>Security Act. Instead, list it here:   |   | a benefit under                         |                  |                        |   |              |     |   |
|     | For you,                  |  | \$  | 0.00                                    |                  |                        |   |              |     |   |
|     | For you                   | r spouse   | \$  | 0.00                                    |                  |                        |   |              |     |   |
| 9.  |                           | r retirement income. Do not include an der the Social Security Act.  | y amount received t                             | hat was a                               | \$               | 0.00                   | \$                                      | 0.00         |     |   |
| 10. | Do not incl<br>received a | om all other sources not listed above. Inde any benefits received under the Sor<br>s a victim of a war crime, a crime agains<br>errorism. If necessary, list other sources | cial Security Act or p<br>t humanity, or intern | payments<br>national or                 |                  |                        |   |              |     |   |
|     | total bolon               | •  |   |   | \$               | 0.00                   | \$                                      | 0.00         |     |   |
|     | 7                         |  |   | <del></del>                             | \$               | 0.00                   | ¥                                       | 0.00         |     |   |
|     | Total am                  | ounts from separate pages, if any  |   |   | 1.               | 0.00                   | φ                                       | 0.00         |     |   |
|     | i otai aiii               | ounts from separate pages, if any,   |   |   | т\$              | 0.00                   | <b>-</b> \$                             | 0.00         |     |   |
| 11. |                           | your total average monthly income. A<br>nen add the total for Column A to the total  |   | 0 for each                              | \$2              | ,842.20                | + \$_2,                                 | 033.51       | ]=  | \$_4,875.71                             |
|     |                           |  |   |   |                  |                        |   |              |     | Total average monthly income            |
| Pa  | art 2:   [                | Determine How to Measure Your  | Deductions from                                 | ı Income                                |                  |                        |   |              |     | ,                                       |
| 12  | Copy your                 | total average monthly income from I  | ne 11   |   |                  |                        | *************************************** | 11111111     | \$  | 4,875.71                                |
| 13. | Calculate                 | the marital adjustment. Check one:   |   |   |                  |                        |   |              |     | *************************************** |
|     | You ar                    | e not married. Fill in 0 below.  |   |   |                  |                        |   |              |     |   |
|     | ✓ You are                 | e married and your spouse is filing with   | ou. Fill in 0 below.                            |   |                  |                        |   |              |     |   |
|     | You are                   | e married and your spouse is not filing w  | ith you.  |   |                  |                        |   |              |     |   |
|     | you or                    | the amount of the income listed in line 17 your dependents, such as payment of the your dependents.  |   |   |                  |                        |   |              |     |   |
|     |                           | specify the basis for excluding this inco<br>ditional adjustments on a separate page.  |   | of income devo                          | ted to eac       | h purpose. I           | f necessary                             | ,            |     |   |
|     | If this a                 | adjustment does not apply, enter 0 belov   | <b>/</b> .                                      |   |                  |                        |   |              |     |   |
|     | ·                         |  |   |   | - \$ <u> </u>    |                        |   |              |     |   |
|     | ·                         |  |   |   | \$               |                        |   |              |     |   |
|     | -                         |  |   |   | + \$             |                        |   |              |     |   |
|     | Total                     |  | ***************************************         | 000000000000000000000000000000000000000 | \$               | 0.00                   | Copy here                               | <b>→</b>     | _   | 0.00                                    |
| 14. | Your curre                | ent monthly income. Subtract the total   | n line 13 from line 1                           | 2.                                      |                  |                        |   |              | \$  | 4,875.71                                |
| 15. | Calculate y               | our current monthly income for the y   | ear. Follow these st                            | teps:                                   |                  |                        |   |              |     |   |
|     | 15a, Copy                 | line 14 here 👈   | ***************************************         | ·                                       |                  | ******************     |   | erremonizo-  | \$_ | 4,875.71                                |
|     |                           | ly line 15a by 12 (the number of months  |   |   |                  |                        |   | -A PRODUCTOR | v   | 12                                      |

15b. The result is your current monthly income for the year for this part of the form.

\$ 58,508.52

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| D   | ebtor 1    | 1          | Abbas A        | li Nouri Mous                             | savi   |  |   |   | Case num                                | nber (if known)                         | 19-2                                    | 26762-A              | BA                 |
|-----|------------|------------|----------------|---|--|--|---|---|---|---|---|----------------------|--------------------|
|     | 00.01      | ,          | First Name     | Middle Name                               | Last Name                                    |  | _ 1                                     |   | odoo nan                                | IDCI (II KIIOWII)_                      |   |                      |                    |
|     |            |            |                |   | 41 4 19                                      |  |   |   |   |   |   |                      |                    |
| 16. |            |            |                | -   | • •  | to you. Follow the<br>NJ                         | ese steps:                              |   |   |   |   |                      |                    |
|     | 164.       | FIII II    | i the state ii | n which you live                          |  | - A  |   |   |   |   |   |                      |                    |
|     | 16b.       | Fill ir    | the number     | er of people in yo                        | our household.                               |  |   |   |   |   |   |                      |                    |
|     | 160        | Cill is    | the media      | n family income                           | for your state a                             | and size of househ                               | old                                     |   |   |   |   |                      | 125,465.00         |
|     | 100.       | To fi      | nd a list of a | applicable media                          | n income amou                                | unts, go online usi                              | ing the link                            | k specified                             | d in the se                             |   | *************************************** |                      | 120,100.0          |
|     |            | instr      | uctions for t  | his form. This lis                        | t may also be a                              | available at the ba                              | nkruptcy                                | clerk's off                             | îce.                                    |   |   |                      |                    |
| 17. | How        | do th      | ne lines coi   | mpare?                                    |  |  |   |   |   |   |   |                      |                    |
|     | 17a.;      | <b>/</b> L | ine 15b is l   | ess than or equa<br>1325(b)(3). <b>Go</b> | al to line 16c. O<br>t <b>o Part 3.</b> Do N | n the top of page<br>IOT fill out <i>Calcula</i> | 1 of this fo                            | form, chec<br>our Dispos                | ck box 1, <i>E</i><br>sable Inco        | Disposable<br>me (Officia               | income is no<br>al Form 122C            | ot determine<br>:2). | d under            |
|     | 17b.       |            | ine 15b is r   | nore than line 1                          | Sc. On the top o                             | of page 1 of this fo                             | orm, check                              | k box 2, <i>D</i>                       | Disposable                              | income is                               | determined (                            | under                |                    |
|     |            | 1          | 11 U.S.C. §    | 1325(b)(3). <b>Go</b>                     | to Part 3 and f                              | ill out Calculation<br>nonthly income from       | n of Your                               | r Disposa                               |   |   |   |                      |                    |
| Pa  | art 3:     |            | Calculate      | e Your Comm                               | itment Perio                                 | od Under 11 U.S                                  | S.C. § 13                               | 325(b)(4                                | 1)                                      |   |   |                      |                    |
| 18  | Conv       | v voii     | r total aver   | age monthly in                            | come from line                               | e 11.  |   |   |   |   |   |                      | 4,875.71           |
|     |            | -          |                |   |  |  |   |   |   |   |   |                      | \$ 4,873.71        |
| 19. |            |            |                |   |  | are married, your :<br>{ 1325(b)(4) allows       |   |   |   |   |   |                      |                    |
|     |            |            | nt from line a |   | ot apply, fill in 0                          | on line 19a                                      |   |   |   | DIN COLUMN CONTRACTOR                   |   |                      | 0.00               |
|     | 104.       |            | marital aaj    |   | к арргу, пи пт о                             | on mio rou.                                      |   | *************************************** | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | *************************************** | *************************************** | =                    | \$0.00             |
|     | 19b.       | Sub        | tract line 19  | 9a from line 18.                          |  |  |   |   |   |   |   |                      | \$ <u>4,875.71</u> |
| 20. | Calc       | ulate      | your curre     | nt monthly inc                            | ome for the ye                               | ar. Follow these s                               | steps:                                  |   |   |   |   |                      |                    |
|     | 20a.       | Сору       | / line 19b     |   | ***************************************      |  | *************************************** |   |   |   |   | 0                    | 4,875.71           |
|     |            | Modei      | nly by 12 /#   | ne number of me                           | onthe in a voar                              |  |   |   |   |   |   | ¥                    | 12                 |
|     |            |            |                |   |  |  |   |   |   |   |   | Х                    |                    |
|     | 20b.       | The        | result is you  | ir current month                          | y income for th                              | e year for this par                              | t of the fo                             | rm.                                     |   |   |   | \$                   | 58,508.52          |
|     | 200 (      | Conv       | the median     | family income for                         | or vous stato an                             | nd size of househo                               | old from lin                            | no 16c                                  |   |   |   |                      |                    |
|     | 200, (     | Сору       | the median     | ianily income is                          | n your state an                              | id Size of Housello                              | na nom m                                | 16 100. <sub></sub>                     |   |   |   | \$                   | 125,465.01         |
| 21. | How        | do th      | ne lines cor   | mpare?                                    |  |  |   |   |   |   |   |                      |                    |
|     | <b>√</b> L | ine 20     | Ob is less th  | an line 20c. Unl                          | ess otherwise o                              | ordered by the cou                               | urt, on the                             | top of pa                               | ige 1 of thi                            | is form, che                            | eck box 3,                              |                      |                    |
|     | _          |            |                | period is 3 years                         |  |  | . عالمنال                               |   | 4b - 4 6                                | 4 . 61                                  | 1.1.                                    |                      |                    |
|     |            |            |                | nan or equal to<br>commitment pel         |  | s otherwise ordere<br>Go to Part 4.              | ea by the o                             | court, on                               | tne top of                              | page 1 of t                             | this form,                              |                      |                    |
|     |            |            |                |   |  |  |   |   |   |   |   |                      |                    |
| Pa  | art 4:     | S          | ign Belov      | v   |  |  |   |   |   |   |   |                      |                    |
|     |            |            | lu sianina h   | oro undor nono                            | ty of poriury Ld                             | leclare that the inf                             | formation                               | on this st                              | atamant a                               | nd in one o                             | tta ahma nta i                          | a true and a         |                    |
|     |            |            | sy signing in  | A/  | . A  | -  | omation                                 | UII IIIIS SIG                           | ΛΛ                                      | ilu ili aliy a                          | macriments is                           | s true and G         | oriect.            |
|     |            | •          | ~ /4           | - Nom                                     | flour  |  |   | Cione                                   | JV).3                                   | Shaoa                                   | n (                                     |                      |                    |
|     |            |            | Signature      | טי הפתוחו ו                               |  |  |   | oigna                                   | ture of Deb                             | IUI Z                                   |   |                      |                    |
|     |            |            | Date 07        | 1-26-2019                                 |  |  |   | Date                                    | 07.                                     | 26.20                                   | 19                                      |                      |                    |
|     |            |            | MM             | DD /YYYY                                  |  |  |   | Ī                                       | MM / DD                                 | / YYYY                                  |   |                      |                    |
|     |            | 12         | i voji shaalii | od 17a de NOT                             | fill out calle for                           | 1000 0   |   |   |   |   |   |                      |                    |
|     |            |            | •              | ed 17a, do NOT<br>ed 17b, fill out F      |  |  | orm. On lir                             | ne 39 of th                             | hat form. r                             | copy vour c                             | current month                           | nly income fr        | om line 14 above.  |
|     |            | .,         |                | , ,                                       |  |  |   |   |   | -,,,                                    |   | , 01110 11           |                    |

|   | _         |               |
|---|-----------|---------------|
| UNITED STATES BANKRUPTCY COURT                  |           |               |
| DISTRICT OF NEW JERSEY                          |           |               |
|   |           |               |
| Caption in Compliance with D.N.J. LBR 9004-1(b) |           |               |
|   |           |               |
| Youngblood, Franklin, Sampoli & Coombs, P.A.    |           |               |
| 1201 New Road, Suite 230                        |           |               |
| Linwood, NJ 08221                               |           |               |
| 609-601-6600 Fax: 609-601-6601                  |           |               |
| Jorge F. Coombs, Esq. 017962002                 |           |               |
| Jorge 1. Coomos, Esq. 017702002                 |           |               |
|   |           |               |
|   |           |               |
| In Re:  |           | 10.06760 17.1 |
|   | Case No.: | 19-26762-ABA  |
| Abbas Ali Nouri Moussavi &                      | ~-        | 4.0           |
| Mehrnoush Shabani                               | Chapter:  | 13            |
|   | I         |               |

#### DISCLOSURE OF CHAPTER 13 DEBTOR'S ATTORNEY COMPENSATION

Judge:

Andrew B. Altenburg, I

| 1.       | Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I am the attorney for    |
|----------|---|
| the deb  | tor(s) and that compensation was paid to me within one year before the filed date of the petition, or |
| agreed   | to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in connection    |
| with thi | s bankruptcy case is as follows:  |

Under D.N.J. LBR 2016-5(b), I have agreed to accept for all legal services required to confirm a plan, subject to the exclusions listed below, including administrative services that may occur postconfirmation, a flat fee in the amount of \$\\_\_\_\_3,500.00\\_\_\_. I understand that I must demonstrate that additional services were unforeseeable at the time of the filing of this disclosure if I seek additional compensation and reimbursement of necessary expenses.

Legal services on behalf of the debtor in connection with the following are not included in the flat fee:

Representation of the debtor in:

- adversary proceedings,
- loss mitigation/loan modification efforts,
- post-confirmation filings and matters brought before the Court.

| I have received:  | \$ <u>1,500.00</u> |
|---|--------------------|
| The balance due is:   | \$ 2,000.00        |
| The balance <b>✓</b> will <b>□</b> will not be paid through the pla | n.                 |

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|        | ☐ Under D.N.J. L  | ed to accept for legal services provided on | behalf of                                   |         |  |  |  |  |
|--------|---|---|---|---------|--|--|--|--|
|        | the debtor in this case, an hourly fee of \$ The hourly fee charged by other members of my firm that may provide services to this client range from \$ to |   |   |         |  |  |  |  |
|        |   |   |   |         |  |  |  |  |
|        | \$  | I understand that I r                       | nust receive the Court's approval of any fe | ees or  |  |  |  |  |
|        | expenses to be pai  | d to me in this case post po                | etition pursuant to D.N.J. LBR 2016-1.      |         |  |  |  |  |
|        | I have reco   | eived:                                      | \$  | -       |  |  |  |  |
| 2.     | The source of the   | funds paid to me was:                       |   |         |  |  |  |  |
|        | Debtor(s)   | ☐ Other (specify be                         | low)  |         |  |  |  |  |
|        |   |   |   |         |  |  |  |  |
|        |   |   |   |         |  |  |  |  |
| 3.     |   |   |   |         |  |  |  |  |
| 3.     | If a balance is due, the source of future compensation to be paid to me is:   |   |   |         |  |  |  |  |
|        | <b>☑</b> Debtor(s)  | ☐ Other (specify be                         | low)  |         |  |  |  |  |
|        |   |   |   |         |  |  |  |  |
|        |   |   |   |         |  |  |  |  |
|        |   |   |   |         |  |  |  |  |
| 4.     | I □ have or ☑ hav   | ve not agreed to share com                  | pensation with another person(s) unless the | ey are  |  |  |  |  |
|        | •   |   | empensation with a person(s) who is not a   |         |  |  |  |  |
| my lav | w firm, a copy of tha   | t agreement and a list of the               | e people sharing in the compensation is at  | tached. |  |  |  |  |
|        |   |   |   |         |  |  |  |  |
| Date:  | 8/9/19  |   | /s/ Jorge F. Coombs, Esq.                   |         |  |  |  |  |
|        |   |   | Debtor's attorney                           |         |  |  |  |  |